

Attending Doctor's

Return-to-Work Desk Reference



***“Employment is nature’s physician, and
is essential to human happiness”
Galen (Greek physician – AD 172)***



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

FREE 3 HOURS CATEGORY 1 CME CREDIT

**Complete and Return Self-Assessment Test Inside
(Following Page 24)**

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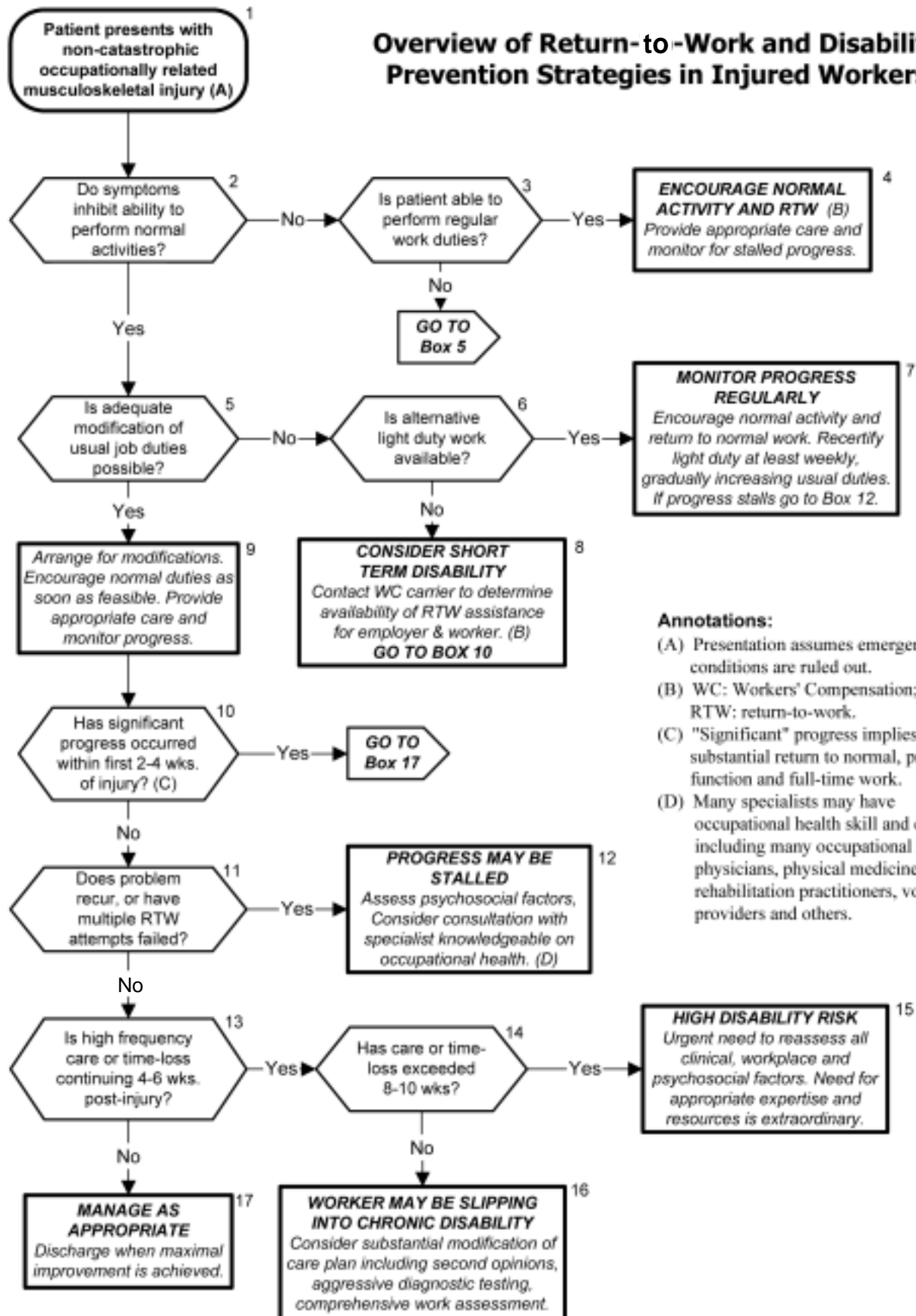
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Overview of Return-to-Work and Disability Prevention Strategies in Injured Workers



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From the Director's Office...

Dear Doctor:

We appreciate all the hard work you do providing care for workers who have been injured on the job or developed an occupational condition. We also share with you the desire to achieve the best possible outcome for your patients. But we need your help in getting people back to work. This desk reference has been put together to help you find the resources you need to do just that.

Research is telling us that returning to normal activities, including work, as quickly as possible, is critical both for a patient's recovery and their economic well-being. Getting back to work is good for your patient. The important role you play in this process is a challenging one. We want the best doctors taking care of workers, but we realize that the administrative requirements in workers' compensation can be a hassle. We're working hard to make system-wide improvements to reduce them.

Doctors have the most insight into what impediments exist in a patient's recovery and in returning to work. We need your help and expertise in fostering that crucial partnership between you, the worker, and his or her employer. The information you communicate to the patient, the employer and the claim manager sets the stage for the entire workers' compensation process. It is essential that everyone keeps focused on the worker's recovery and return to productivity.

We also need you to help maintain the integrity of the workers' compensation system. Although the vast majority of claims made are perfectly valid, a very small number of cases each year are not. Don't have any part of it. Insurance fraud costs everyone.

Thank you for all the hard work and service you provide. We look forward to partnering with you, the employers, and the workers of our state to make improvements that get the best recovery for workers who have a work-related injury or illness.



Paul Trause
Director



Robert Malooly
Assistant Director for Insurance Services

Why Return to Work (RTW) Is in Your Patient's Best Interests

Being a Patient Advocate

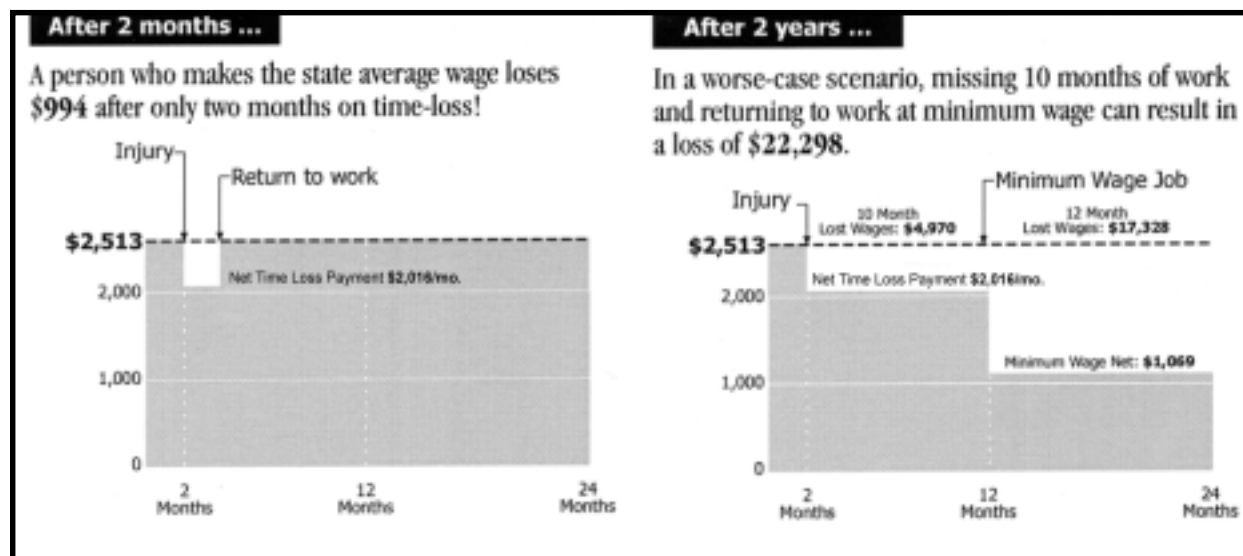
As a treating doctor in workers' compensation, your primary duty is to your patients and their successful recovery. Not only do you give them the best possible clinical care, you want them to have the best possible overall recovery from their occupational illness or injury. Many workers' compensation benefits result from legislated compromises between employer and labor communities. Therefore, by law, many benefits are structured as a minimal safety net, rather than as a guarantee to assure the worker's career goals, preserve their income, keep their career on track, or preserve their retirement.

Legal requirements often constrain how benefits are adjudicated. In Washington, the workers' compensation system focuses on maximal medical improvement and employability. For example, although eligible workers may be entitled to a retraining benefit, the legal requirements of the retraining benefit require that once a worker is found to be employable at minimum wage, benefits may cease. Therefore, for someone injured at a high-paying job, a retraining benefit may not lead to a desirable or optimal result.

Doctors who treat injured workers are often the most crucial link in the chain because:

- ▶ Doctors are the "first responders" in terms of patient contact during the period when occupational health interventions have been shown to be the most effective.
- ▶ Doctors are respected opinion leaders in the eyes of patients and can help assure appropriate expectations and involvement of the patient in their own recovery.
- ▶ Doctors are usually the first to become aware of recovery barriers and impediments to return to work.
- ▶ Doctors set the stage for teamwork with the worker, employer, and the system.

Figure 1.1 Being off Work Costs Your Patient More than Money



A successful outcome for an injured worker involves more than treating pathophysiology. Prolonged disability impacts your patient's career, economic well-being, quality of life, and the lives of their family members. Overemphasis on a perceived short-term benefit (such as staying off work a few extra weeks) may have unintended long-term consequences, delay needed intervention, promote deconditioning, and increase the risk of the worker's original job being lost.

Although time-loss (partial wage-replacement) payments can offset lost wages while someone is off work, they do not replace them entirely (Figure 1.1). A worker earning the state average monthly wage of \$2,513 will lose \$994 after just two months off work. Consider a worst-case scenario where a worker receives time-loss payments for 10 months, then, due to transferable skills, is found employable at a minimum wage job. Two years following the injury, the net loss to the worker could be more than \$22,300 compared to returning to their original job.

When added to other longer-term impacts of prolonged time loss (e.g., potential loss of employer benefits such as general health insurance and retirement plan contributions), the economic cost to a worker can be staggering. The impact on a worker's family, sense of self and mental state can be significant as well.

At times it is essential that injured or ill workers be removed from a workplace that will worsen their condition. However, the dynamics initiated by removing an injured or ill worker are generally detrimental and become increasingly harmful to the worker over time. By this I mean that the employer, the workers' compensation system, and often the worker's own social network become increasingly impatient, skeptical and aggressive towards the worker as time-loss increases.

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Early, appropriate, sustainable return-to-work is in everyone's best interest and requires teamwork. Extending time off work for even a short period can contribute to deconditioning. It is important to set expectations early in treatment that both maximal physical recovery from the illness or injury and returning to work are expectations and top priorities. Although some injuries and conditions may preclude such outcomes, most injured workers do recover and return to work. Studies have shown that workers whose care includes attention to occupational issues have faster recoveries and a more sustainable return to work. (Loisel, 1997) Being off work costs your patient money; the longer they are off work, the harder it is to get back.

Disability from Work-related Conditions is a Public Health Catastrophe

Nearly 85 percent of the 7 million annually reported occupational injuries in the United States require medical attention beyond first aid. Half of those involve time loss. (BLS, 1995) In Washington State, 30 percent of occupational injuries and illnesses involve time loss. (Grob, 2000) But the most stunning economic fact is that less than 10 percent of workers' compensation cases account for more than 80 percent of total expenditures (Hashemi, 1997). There is almost a three-fold difference between mean and median costs in work-related back claims reinforcing that only a very small proportion of claims drive costs. (Webster, 1994) Perhaps most surprising is that more than 90 percent of these high-cost claims are non-catastrophic musculoskeletal conditions.

Money is hardly the issue either. In the small number of problem cases that undergo

Except in clear-cut cases such as amputation, fracture or ongoing hospitalization, the worker's credibility is repeatedly and increasingly challenged and his or her self-worth begins to deteriorate in the face of this. This often leads to a psychological entrenchment that reinforces illness and discourages the natural healing process. This leads to greater skepticism from the system. This negative spiral is not right but it's real, and it is our obligation as caring clinicians to avoid or curtail this spiral when we can and shield the worker as much as possible when we must. Getting the worker back to work, as long as the return does not worsen the worker's status is one of the best ways to avoid this vicious circle.

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invasive procedures, outcomes may be poor. A recent review of department data documented that 68 percent of workers with occupational low back conditions undergoing lumbar fusion surgery remained off work two years after surgery. (Franklin, 1994) The human cost of work-related disability is incalculable. Loss of one's ability to earn a productive living, inability to function without pain, or devastation to personal life might be expected from a catastrophic head or spinal cord injury, but not from a simple musculoskeletal sprain and strain. (Mootz, 1999)

What Can be Done?

Although there are plenty of opinions about causes of disability and problems with how workers' compensation systems are structured, only a few things appear to be able to reduce work-related disability in practice. Many of these are discussed in the next chapter. Among the most crucial are timely, competent care, minimizing physical deconditioning of the worker, reducing adversity, and returning to normal activities as quickly as possible.

Doctors are in a key position to influence:

- ▶ Patient expectations
- ▶ Communication/coordination with employer
- ▶ Documentation of key occupational health issues that set the stage for how the claim progresses (work-relatedness, exposure, availability of modified duty)
- ▶ Identification of impediments to return to work
- ▶ Helping the worker and employer find transitional opportunities for getting back to work
- ▶ Getting assistance from L&I or the self-insured employer in return to work (job modification and ergonomic assessment)

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What is Effective in Return to Work?

Caring for workers' compensation patients is somewhat different than taking care of patients in general health settings. Because of the legal requirements in the system, as well as the many workplace issues, "best-practices" may vary somewhat. For example, a low back sprain and strain may often be handled in general practice as a non-urgent condition with watchful waiting, delayed diagnostics, taking a week or two off, and little or no attention to working with a patient's employer.

Several well-done research studies, however, have demonstrated that using occupational health care best practices, such as setting expectations about return to work, communicating with the employer about making accommodations in the workplace to transition back to a job quickly, among other things, can dramatically reduce disability and hardship on workers. (Loisel, 1997; Cheadle, 1999; Kyes 1999) This chapter discusses many of the important practices involved in caring for injured workers.

Table 2.1 outlines several differences between general and occupational health models. (See page 10.)

High priority scheduling for work-related injuries or illnesses

Injured workers need to receive care in an expeditious manner. Due to the non-clinical complications in a workers' compensation case, it is important to see an injured worker as soon as possible. This may mean reorganizing the clinic or office policies in order to triage patients with work-related injuries or illnesses. Patients with work-related injuries need to receive more than clinical expertise.

Complete Report of Industrial Injury or Occupational Disease form

Completing and submitting the *Report of Industrial Injury or Occupational Disease* (commonly referred to as Report of Accident) to the Department of Labor and Industries and the employer begins the workers' compensation process. This document initiates the adjudication process and determination of your patient's eligibility for benefits. The sooner a determination is made, the sooner your patient will be able to receive the benefits to which they are entitled.

Set goals and expectations for clinical improvement and return to work

Ask your patient about their return-to-work goals on the first visit. Your patient may have little or no knowledge of or experience in the workers' compensation system. What they know may come from family or colleagues who have experienced an injury, or who know someone with past experience. What your patient expects will affect their recovery. During this discussion, you will be able to identify and head off any misconceptions about the purpose of workers' compensation. Sometime a supervisor may even request to accompany the worker on an office visit or request an appointment to discuss accommodation and return-to-work strategies. (See page 13, regarding employer access to medical information.)

One "best practice" occupational health experts recommend is talking with the patient about their role and responsibilities during recovery. The list below identifies six key issues to address in the first or second visit. Appendix B includes a checklist of key talking points you may want to use during the initial patient visit.

- ▶ **Activity level.** Discuss the importance of staying active, avoiding deconditioning, and getting back to work as soon as he or she is able.
- ▶ **Capabilities and limitations.** Be sure the patient understands the activities they can do, how to function within their tolerance, and what limitations should be, both at home and at work.

- ▶ **Hurt vs. Harm.** In most musculoskeletal injuries, healing involves pain and discomfort. Be sure the patient understands that while activity can hurt, pain does not necessarily mean that they are re-injuring the area. Work with them so they understand their physical capacities and limitations and how to work with them.
- ▶ **Prevent re-injury.** Discuss strategies to modify activities and/or workplaces to minimize discomfort and reduce risk of re-injury.
- ▶ **Patient's role and responsibilities.** From keeping their appointments to attending to self-care recommendations and maintaining appropriate activity levels, assure that the patient understands that a good outcome requires active participation on their part.
- ▶ **The workers' compensation system itself.** Claims processes and benefits under workers' compensation are different than general health care. It is a good idea to identify any misunderstandings or misconceptions a patient might have and make sure they understand the importance of their role and the teamwork needed to prevent problems.

When using these talking points, avoid using the word “retraining” in speaking with patients or in written reports. Use the term “vocational evaluation” instead. The term “retraining” has specific legal and

Table 2.1 Distinctions between Workers' Compensation and Other Health Care Plans

	General Health Model	Occupational Health Model	Best Practices
Initial Appointment:	Within days of incident	Same day as incident	High priority scheduling for work related injuries or illnesses Complete the report of accident Set goals/expectations for improvement and RTW Determine worker abilities
Diagnostic Testing:	“Watchful waiting” to observe treatment response is common	Earlier testing may be important for rule-out of serious pathology and causation determination. (Note: Important to avoid “over-medicalizing” condition)	Seek clinical consultations and second opinions when needed Consider early definitive diagnostics for conditions such as carpal tunnel syndrome, radiculopathy
Direct Provider Communication with Employer:	None or minimal	Clear, consistent communication is routine	Call employer if worker is unable to return to their job of injury Discuss worker's abilities with employer Discuss light duty or modified duty work options
Return-to-Work Focus:	Minimal concern	Central to management decisions Ergonomic and job modification considerations may be central to care plan Key outcome of care	Monitor clinical and RTW goals and expectations Identify impediments to RTW Complete occupational history form if the condition is a work-related disease
Care Emphasis:	Treatment dependence rarely a concern Control of re-exposure may be less problematic	Avoidance of prolonged palliative measures may be important for preventing treatment dependence Re-exposure and re-aggravation control may be central to management decisions Response to care is closely monitored Care decisions strongly driven by chronic disability risk considerations	Schedule frequent follow-up visits to address clinical and work status changes Seek RTW assistance from L&I when needed

administrative meaning. When using the term with a patient, it can raise a false hope of education. When used in a report, it may create numerous complications in the claim, some of which may take months to address.

You can help your patient understand the workers' compensation system and their responsibilities by providing your patient with a copy of the L&I publication: *Getting Back to Work, It's Your Job and Your Future* (F200-001-000). In addition, *The Workers' Guide to Industrial Insurance Benefits* explains workers' compensation benefits. Workers who receive time-loss benefits automatically receive a copy of the guide. Both publications help injured workers understand what will happen during the recovery process. More information about L&I publications can be found in Appendix A and on the web at www.LNI.wa.gov/FormPublications/. You may request publications in writing (be sure to include the form number) from: Warehouse, Department of Labor and Industries, P.O. Box 44843, Olympia, WA 98504-4843.

The best overall outcomes for workers usually occur when they can return unrestricted to their previous job with the same employer. This preserves seniority, continuity with employer, benefits, and wages. However, the nature of a worker's condition, the previous job itself, and other workplace factors may preclude an unrestricted return. RCW 51.32.095 lays out specific priorities for returning an injured worker to work, as follows.

Return to work with same employer usually offers the best outcome:

1. Job of injury
2. Job of injury with modifications, including transitional return to work
3. A new job keeping with any limitations or restrictions
4. A new job with modifications, including transitional RTW

Other options at a different employer may be pursued if none of the four priorities is possible. These options include: a previous job, with modification; a new job, based on transferable skills; a new job with modifications; a new job involving on-the-job training; short-term retraining; and job placement.

Sharing this list with your patient can be beneficial in a couple of ways. First, it will help your patient understand the priorities of the workers' compensation system. Second, you and your patient together can determine what the return-to-work goal of treatment will be. The goal that you select will, in part, be determined by your informed estimate of the probability your patient will be able to return, without restrictions, to the job of injury.

Much of this publication is oriented toward determining return-to-work options that may exist with the employer. The following RTW "prognosis" scenarios may be helpful in conceptualizing your care planning:

High probability of unrestricted return to job of injury. If your patient's condition is unlikely to have any lasting impacts on their ability to do their job, be sure to let your patient know this. Communicate the time frame you anticipate, but only authorize time off work for short periods that are reassessed at regular intervals. When you determine that your patient has no restrictions caused by the industrial injury or occupational disease:

- ▶ Document this in the patient's chart and let the claim manager know right away.
- ▶ Let your patient know that you have released him/her to return to their job and the date the release is effective.
- ▶ Report this information to the employer and encourage the employer to send the worker a job offer letter when modifications are required.

See Pages 15 and 16 for a discussion of the differences between job offers, job descriptions and job analysis.

Uncertain probability of unrestricted return to job of injury. If you have determined that your patient has work limitations that may impact his or her ability to perform their job, but are uncertain about how long they will last:

- ▶ Contact the employer to discuss RTW options. Obtain a copy of the job description for your review and approval.
- ▶ Discuss other RTW options that may include modified or alternative job duties and/or work schedule. Ask the employer to send you a written description of the modified job for your review and approval.
- ▶ Be sure to regularly follow-up with the patient and consistently assess not only their clinical progress, but their ability to work.
- ▶ Communicate changes in work status/restrictions right away to the employer and claim manager.

Low probability of unrestricted return to job of injury. If you have determined that your patient is not likely to be able to perform the duties of his or her job:

- ▶ Discuss other RTW options that may include modified or alternative job duties and/or work schedule. Ask the employer to send you a written description of the modified job for your review and approval.
- ▶ If it appears that no RTW options are available with the employer, report this to the claim manager immediately. The claim manager may elect to ask a vocational counselor to work on the case.

Once you and your patient agree to the clinical and return-to-work goals of treatment, you will need to monitor progress toward those goals. At each follow-up visit, you can review the goals and note progress or lack of progress. Once you determine the current status of the goals, you can develop a plan for the patient to follow to help him or her move forward between your visits.

Determine the worker's abilities

In 2001, a University of Washington research team conducted a survey with 300 employers in Washington. (Wickizer, 2001) The substantial majority of respondents replied that the information from doctors needed to be timelier and include more detailed information regarding work capabilities, restrictions and return-to-work options. Typical comments included:

- ▶ We need explicit instructions on recovery, work limits, etc. We need to know what the worker is capable of doing.
- ▶ We need better definitions of light duty. The doctor should say what the employee can do instead of what he can't do; we need positive information.
- ▶ We need to know the amount of time the employee will be out and what accommodation he or she needs and for how long.
- ▶ We need an accurate assessment of the employee's physical capabilities upon return to work.
- ▶ We need diagnosis and treatment plan information.

These comments highlight the need for the doctor to focus on the worker's abilities when talking with the employer and the worker. A focus on returning to work at some capacity helps the worker to think about what they can do. An emphasis on your patient's abilities can be placed in the context of staying active and avoiding deconditioning. The employer can also make a clearer determination about any possibilities for light duty or modified work when they have information on a worker's "dos" rather than just the "do nots."

Seek clinical consultations and second opinions when needed

Determining the correct diagnosis and treatment plan affects more than the clinical recovery of an injured worker. The clinical and return-to-work goals are closely linked in workers' compensation and a delay in one can lead to a delay in the other. This is of particular importance because the injured worker is losing money for every day they are unable to return to work. Therefore, seeking clinical assistance early in the claim is important if you are facing a situation where you have some difficulty in determining the best course of action. For

example, in a patient with a wrist condition, it is critical to determine if median nerve entrapment (true carpal tunnel syndrome) is present or not as that helps determine intervention options. Additionally, if progress appears to be stalled or slowing, obtaining a consultation from a practitioner with expertise in occupational health and return-to-work issues may offer benefit beyond a clinical evaluation alone.

Call the employer if the worker is unable to return to the job of injury

Employers are interested in receiving information from doctors about the status of injured workers who are temporarily unable to return to their job of injury. The doctor can provide information that will help the injured worker to return to work in some status at their employer of injury, but that will only happen if the employer has the information they need to create or modify a position to fit within the worker's abilities. During the discussion, you should share the worker's abilities with their employer and discuss light duty or modified duty work options that you could approve for your patient. Making this contact may also provide you with additional information about the cause of the injury and the worker's regular job duties, which may be helpful in treating your patient. For more information on this topic, please see Chapter 3 of this publication.

Monitor clinical and RTW goals and expectations

While monitoring clinical goals is a normal part of practice, monitoring the return-to-work goals and expectations is a distinct element of caring for injured workers. In treating injured workers, one of the outcomes of care is your patient's ability to return to their job and support themselves and their family. Monitoring progress toward RTW during regular follow-up visits is crucial. If return to work is not occurring as expected, or if the patient's subjective complaints appear to worsen or stall despite other observable clinical improvements, an early second opinion consultation may be important.

Identify impediments to RTW

Data from Cheadle (1994) and others strongly suggest that disability prevention opportunities are substantially less likely to help the worker after three months of lost time from work following injury. As such, potential impediments to RTW should be evaluated early on. When your patient doesn't make expected progress toward their RTW goal, you need to complete a thorough review of the clinical, administrative, and employment-related impediments to RTW. After identifying the impediments, you can seek assistance from other providers (e.g., consultation with someone who has occupational health expertise) or from L&I (e.g., request that a vocational rehabilitation consultant contact you) to help address the problems. Appendix A lists publications and web sites (e.g., L&I's Ergonomics Idea Bank and the U.S. Department of Labor Job Accommodation Network) that provide more information.

Complete a work history form if the condition resulted from prolonged exposure and the worker had multiple employers

If your patient has a work-related condition that arises gradually and may be the result of a prolonged period of exposure (such as carpal tunnel syndrome), an occupational work history form may be needed to facilitate acceptance and adjudication of the claim. The occupational work history form documents your patient's work experience and helps you and the department make an informed decision about which of their past jobs contributed to the disease. You are not expected to know which job contributed most to the condition, but you are asked to determine if the jobs had any impact on the disease. The lack of this information can delay the claim, your patient's benefits and your reimbursement for services. See the *Attending Doctor's Handbook* for additional information about reporting requirements and billing for a detailed report of occupational history for occupational diseases.

If it is your opinion that only one employer contributed (i.e. the worker worked there for a number of years, or a sudden change in duties caused the condition), then stating that in the initial report would be sufficient and a work history form should not be necessary.

Schedule regular follow-up visits to address clinical and work-status changes

The workers' compensation system encourages regular follow-up with injured workers. If an injured worker is unable to return to their job of injury, or if they have a transitional return-to-work plan, it is a good idea to review their work status at least every two weeks. This way you will have better knowledge of their current status and will be able to tailor your treatment plan and RTW goals to meet their current abilities. During these visits, you can reemphasize the RTW goals that were set during the first visit.

Seek RTW assistance from L&I or the self-insured employer when needed

Assistance is available to help you deal with RTW concerns. You will find a table with L&I contact numbers in Appendix A. If the employer is a self-insured employer, contact the company directly. You can also find advice on particular topics throughout this publication.

Summary of key RTW activities in a workers' compensation claim

Initial Work-up

- ▶ Assess if workplace exposure caused your patient's condition.
- ▶ Determine your patient's work status and restrictions right away.
- ▶ Communicate with the employer right away if you anticipate time loss; explore RTW options.
- ▶ Submit the Report of Accident quickly (within five days at the latest).

Following Up

- ▶ Re-assess your patient's work status at least every two weeks.
- ▶ Develop and communicate return-to-work goals with your patient and their employer.
- ▶ If a worker approaches four weeks of time loss, assess and document any impediments to return-to-work and communicate them to the claim manager.
- ▶ Consider requesting early vocational intervention when someone is off work over eight weeks without an imminent return-to-work
- ▶ If you have any concerns about a worker or an employer not meeting their return-to-work commitments, ask the claim manager for assistance.

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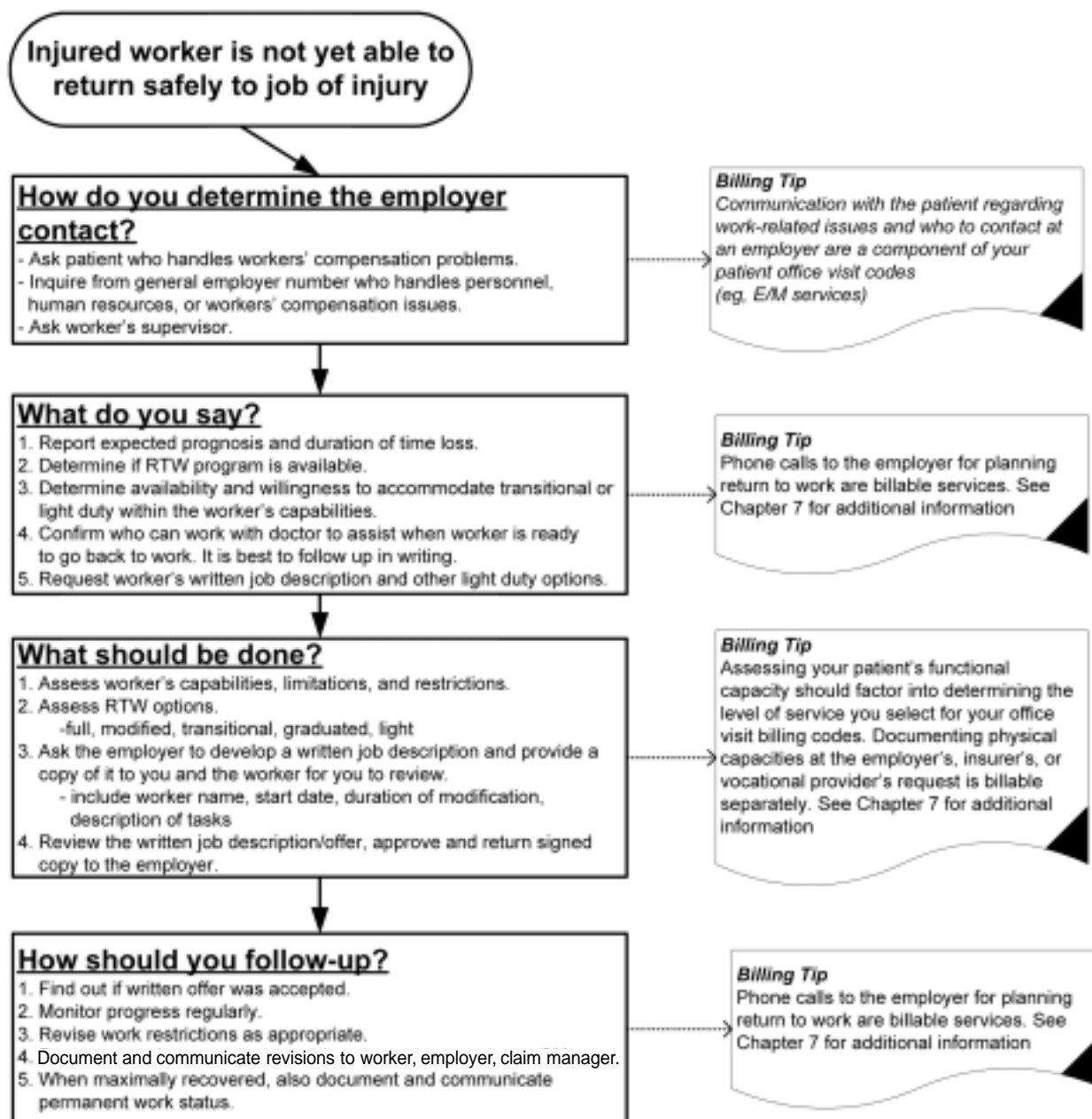
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Working with Employers

See Chapter 6 and the Appendixes for RTW resources, sample forms, checklists and letters [A](#)

Getting a worker back to a job involves teamwork among you, the patient and the employer. The following flow chart summarizes the basic steps that should occur in facilitating an appropriate, timely return to work when you anticipate time loss. The remaining sections in this chapter will provide more information on accomplishing this.



Why talk with an employer?

In addition to a clinical recovery from the occupational injury or illness, an optimal outcome for the patient includes early, safe and sustainable return to work. Returning to work at the same job with the same employer preserves a worker's seniority, minimizes lost wages and is usually the preferred goal for both the worker and employer.

Some employers have well-established return-to-work practices or programs that facilitate many of the clinician's tasks. Other employers, frequently smaller ones, may not have much experience with return-to-work programs. They may not fully appreciate that working with the doctor to get the worker back to work benefits the worker *and* helps reduce the impact the claim has on the cost of the employer's workers' compensation premiums. Appendix B provides additional information about how time-loss and return to work affect the patient's costs and workers' compensation costs.

When should you call an employer?

You should call the employer as soon as you anticipate that the worker will need to be off work.

When should an injured worker go back to work?

The worker should return to work as soon as a job is available that he or she can do.

What does an employer need (and have the right) to know?

Personal health information may be extremely sensitive, and protection of a patient's privacy is both important and required by law. Workers' compensation law (RCW 51.36.060) specifically allows employers to have access to the clinical, administrative and legal information when one of their employees files a workers' compensation claim, but the employer typically should contact the department to obtain any claims records.

Often the most critical time to act on return to work is in the early stages of a claim, and communication between the doctor and employer may be appropriate even before a claim has been accepted. Workers' compensation law and policy recognize the importance of early communication between the doctor, employer, worker and the department. For example, department policy specifically states that all parties must facilitate prompt RTW through open communication. Policy also reinforces that employers have access to claim information even without specific prior written authorization from the worker. However, department policy requires written authorization from the patient to release information about sexually transmitted diseases.

When communicating with the employer initially, information relative to a worker's physical abilities and work status is clearly relevant and appropriate to communicate (and also appears on the employer's portion of the accident report to which they are entitled). If the employer requests more comprehensive claim information or medical records, they should contact the department. Copies of the complete laws can be easily found by typing the RCW or WAC in the search box at the top of L&I's web site — www.LNI.wa.gov/.

Who is the employer's contact to call about claims?

Save yourself time by getting in contact with the person who has the most knowledge and responsibility for handling workers' compensation claims. In large and experienced employers, there may be dedicated staff charged with facilitating RTW. In smaller organizations, you may need to work directly with a worker's supervisor. One of the following will usually put you in touch with the right employer contact:

- ▶ Ask if your patient knows who handles workers' compensation problems; also find out the name of the patient's supervisor.
- ▶ Call the employer's main number provided by the worker and see if your call can be directed to the person who handles workers' compensation.
- ▶ Ask to speak with personnel or human resources staff.

-
- ▶ Contact your patient's supervisor to see if they know who handles workers' compensation.
 - ▶ Contact the claim manager or a customer service specialist at your nearest L&I field office for assistance.

What should you communicate to an employer about returning a patient to work?

Initiating early contact with an employer should focus exclusively on issues relevant to RTW and the patient's accepted industrial condition. Since early conversations with an employer occur before a claim is accepted, it is a good idea to focus your conversation on return-to-work issues (such as work restrictions, availability of modified work) and what you are noting on the report of accident. The following steps outline important elements of a return-to-work discussion with an employer. See Appendix B for a sample checklist form that you can use to document information for your patient's chart when you call an employer.

- ▶ Ask the employer to provide you with specific information:
 - ▶ The worker's exact job title and the physical requirements of job of injury.
 - ▶ The best contact person at the employer for RTW.
 - ▶ The worker's work schedule.
 - ▶ The employer's description of accident.
- ▶ If job modifications may be needed, let the employer know that your first preference in getting the worker back to work would be low-tech, no- or low-cost modifications to existing work sites and tasks.
- ▶ Find out if there may be options for gradually increasing hours, tasks or duties.
- ▶ Ask the employer for a written description of any return-to-work possibilities they may have for the worker and to be sure to share that with the worker.
- ▶ Encourage teamwork:
 - ▶ Emphasize the importance of RTW to the worker's health outcome.
 - ▶ Remind them that they should make an offer to the worker for return to work.
 - ▶ Let the employer know about resources available to help them bring a worker back to work. See page 14 for a description of these resources.

Will discussing work status violate a worker's right to privacy under the Health Insurance Portability and Accountability Act (HIPAA)?

Workers' compensation programs are exempt from the federal Health Insurance Portability and Accountability Act (HIPAA). L&I is voluntarily following HIPAA rules where possible.

Workers' compensation laws in Washington State specifically give an employer the right to obtain medical information related to their employee's work-related injury or illness. This is particularly important when considering return-to-work assistance. An employer may need specific information about the worker's occupational condition, exposure or capacities to identify appropriate options. It is important to protect your patient's privacy (and critical when it comes to non-work-related health information), but the best recovery from an occupational condition involves teamwork with the patient, the employer and you.

Questions an Employer Might Ask You

When will the worker be ready to come back to work? The most crucial information an employer usually needs is when a recovering employee will be ready to return to work and what they are capable of doing. You should call the employer as soon as you anticipate that the worker will need to be off work and let them know the length of time you anticipate the worker will be gone. Find out about the employer's ability and willingness to accommodate work restrictions or modifications of the worker's job tasks or duties. The employer may be able to bring the worker back gradually (part time, temporary job task or scheduling modifications, temporary alternative duties, etc.), while meeting the restrictions and allowing the worker to maintain their connection with the workplace.

What can the employer do to help bring the worker back? When a worker does not return unrestricted to the job of injury, any modifications should be made in writing and sent to you for approval. A written job description developed by the employer and worker for the doctor to review and approve is required. Even when the worker is off work, the employer should stay in regular contact to communicate about the worker's status and to express interest in their recovery and return. Let the employer know they can contact you with any relevant information or if they have questions about the worker's functional abilities.

What should be in the written job description? The job description should include the following:

- ▶ Job duties, including physical requirements of the job;
- ▶ Number of hours per day;
- ▶ The graduated schedule of work hours and/or work duties, if applicable;
- ▶ Location of the work site;
- ▶ Wage; and
- ▶ A reasonable start date.

What resources are available to help employers with return to work? Labor and Industries offers direct assistance to employers to help return a worker to work. You can let the employer know about various resources and whom they can contact to get more information or find out what is available in the current situation.

L&I Employer RTW Assistance Possibilities	Contact
1. Loss of Earning Power (LEP) benefit – If a worker returns to a transitional position at a reduced pay level, the worker may be entitled to payments to help offset the difference between their original wage and the temporary wage.	Claim manager
2. Risk Management Services – Risk management staff in many L&I field offices around the state can meet with State Fund employers to assist them in developing return-to-work programs and other strategies to help minimize their premium costs.	L&I Regional Service Location
3. Ergonomic Consultation – Ergonomists and industrial hygienists are available through many L&I field offices to assist State Fund employers develop job modifications to enhance safe return to work.	L&I Regional Service Location and claim manager
4. Vocational Assistance – Vocational specialists and providers at the department may be able to work with State Fund employers to troubleshoot and resolve return-to-work problems.	Claim manager
55. Job Modification Benefit – State Fund employers may be eligible for up to \$5,000 to make work site modifications that will help bring a worker back to work.	Claim manager
66. Preferred Worker Program – Qualifying employers who hire previously injured workers who meet specific criteria may be entitled to premium discounts. Additional information may be found online: www.LNI.wa.gov/ClaimsInsurance/Vocational/PreferredWorker/default.asp	L&I Regional Service Location

What happens if a worker gets re-injured? In the vast majority of instances, bringing a worker back to work before full recovery is in both the worker's and employer's best interest. The key to avoiding re-injury is to make certain that a worker who is not fully recovered works within their functional capacities. Returning gradually or in a transitional fashion helps prevent deconditioning and actually can reduce risk of re-injury. If a worker returns but must take more time off because work activities lead to a flare-up of their condition, this does not automatically trigger a "new" claim. Research on musculoskeletal injuries has shown that the best healing takes place if the worker stays active.

How long will work restrictions last? Temporary job restrictions are aimed at aiding recovery and should be reassessed regularly. Restrictions should be time limited and should be followed until revised. Assure the employer that you will continue to follow the worker on a regular basis and let them know that you will communicate with them regularly regarding extensions or changes to work restrictions. Stress the importance of keeping the patient active during recovery and the importance of teamwork among worker, doctor and employer.

When a Worker is Taken Off Work

You should consider releasing your patient for work as soon as you become aware of a job possibility, and you are able to assess the patient's ability to perform that work. A work release does not necessarily mean that your patient has reached medical stability or that he or she has permanent restrictions. There are several general kinds of work releases and it is important for you to document work releases and communicate them to the patient, employer and claim manager, if it is a State Fund claim. Although there is no standard "form" for work releases or restrictions, they need to be documented in writing.

Type of Release	Communication
"No physical or mental limitations caused by the worker's industrial injury or occupational disease"	Document and communicate this information directly to the claim manager as soon as possible via a written report.
Full release for job of injury	Accomplished by physician review of a job description or a job analysis submitted by the employer and/or a vocational counselor. Communicate your response to the employer, vocational counselor, patient and claim manager.
Release for transitional work offered by the employer <ul style="list-style-type: none">• A transitional job may or may not be related to the worker's job at injury• May or may not include modifications• Also known as light duty work release• If your patient is capable of only part time work initially, due to the effects of the injury, you may consider a release for graduated return to work	Accomplished by physician review of a job description or a job analysis submitted by the employer and/or a vocational counselor. Document and communicate your response to the employer, vocational counselor, patient and claim manager.
Release for alternative permanent work offered by the employer <ul style="list-style-type: none">• The alternative work may be another job altogether, or it may be a modification of the job at injury	Accomplished by physician's review of a job description or a job analysis submitted by the employer and/or a vocational counselor. Communicate your response to the employer, vocational counselor, patient and claim manager.

What if the employer is unable to bring the worker back to work?

Some employers may be unable to hold a job open while a worker is on time loss. If modifications are not possible, or if a job cannot be held for a worker's recovery, this should be clearly documented in the patient's chart and reported to the claim manager. This can trigger additional assistance for the worker. It may be useful for employers to understand the costs involved in not being able to return a worker to the job. Risk management services in various L&I Regional Service Locations may be able to help.

What is the difference between a job description, offer, and analysis?

Job Description: An employer prepares a written job description. The employer should make it directly available to you shortly after it is known the worker will be off work. There is no standard required format that employers must use, but to be optimally useful to you, they should include a summary of job duties/tasks, the equipment and tools used, a description of frequency, repetitiveness, and duration of tasks and a description of specific physical demands. Appendix B includes a sample form and several sample descriptions.

Job Offer: A job offer is a written offer made by the employer to the worker for a job that accommodates needs following a work-related injury or condition. Again, there is no standard required format for a job offer but key elements that must be included are defined in law. More information is available in the Employer's

Return-to-Work Guide (available Summer 2004) and a sample letter from a doctor following up on a potential job offer is included in Appendix C.

Job Analysis: A job analysis is specifically developed by a vocational rehabilitation counselor assigned by a claim manager, usually somewhat later in the claim. These typically appear similar to job descriptions and may be presented in a variety of formats, often on a Physical Demands Job Analysis form.

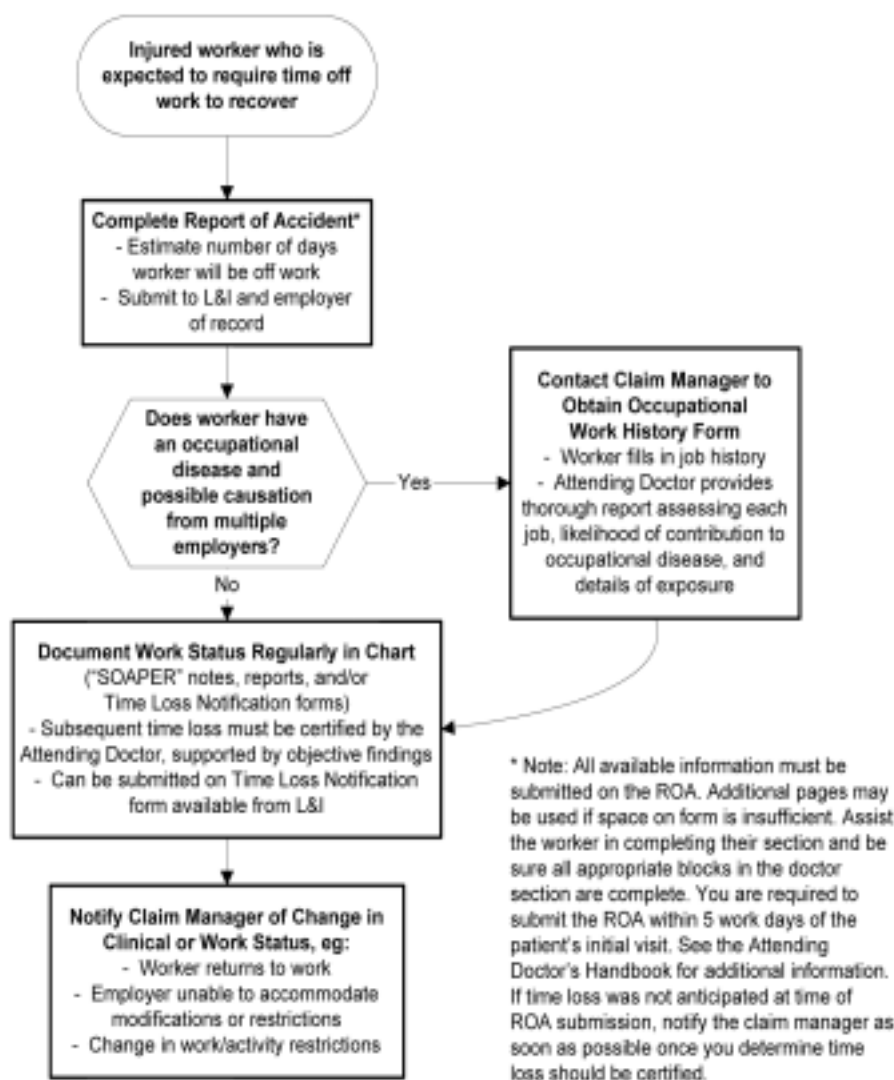
All three of these are reviewed by the doctor and are billable as a separate service (see Chapter 7). Tips on how to review job descriptions and analyses can be found in Chapter 6.

Working with L&I

See Chapter 6 and the Appendixes for RTW resources, sample forms, checklists and letters

Other than diagnostic work-ups that form the basis of claim determination, payment for ongoing treatment requires that L&I or the self-insured employer must review and “allow” a claim to be valid. If a worker is to miss time off work, the attending doctor must certify the need for this. The basics of claim submission can be found in the *Attending Doctor's Handbook* (F252-004-000). As a general rule, processes are similar with both State Fund and self-insured claims, however differences exist. Contact the self-insured employer when you have specific questions.

This chapter emphasizes situations where time loss and return to work are issues. The chart below summarizes key steps in the initial processing of a State Fund claim where the doctor can ensure that the department has the information it needs to make appropriate decisions regarding work relatedness, time loss, and return to work.



When do you need to communicate with someone at L&I?

You should notify L&I whenever the clinical or work status of your patient changes. In addition, you are required to provide progress reports at least every 60 days until the claim is closed. Be sure to document your patient's work status and objective progress in your patient's chart and reports.

You do not need to talk with a claim manager unless you have an immediate need, or have a question about the adjudication of the claim. Claim managers can discuss acceptance or denial of the claim and the authorization of those services that require prior approval. "Flagging" a chart entry by writing something like "Attention Claim Manager" in a margin is an easy way to call attention to something important to a claim.

It is useful to know what services require prior authorization in the workers' compensation system. For example, you do not need pre-authorization to provide routine medical treatment or to schedule consultations for your patient, although care beyond 20 visits and/or 120 days needs justification and approval. Some care may require pre-authorization by a claim manager, for example, physical therapy beyond 12 visits. You can find the list of services requiring prior authorization in L&I's *Attending Doctor's Handbook* (F252-004-000).

What do you need to tell the claim manager?

Doctors' office/chart/progress notes and 60-day narrative reports should include the SOAP contents:

- ▶ The worker's **S**ubjective complaints.
- ▶ The doctor's **O**bjective findings.
- ▶ The doctor's **A**ssessment.
- ▶ The doctor's treatment **P**lan. The plan should include information on the patient's functional improvement. Also, if you have noticed any risk factors for chronic disability — such as impediments to return to work, stalled clinical progress, or other confounding factors—please mention them in this section. Also include what you tell the worker regarding expectations for recovery, medication side effects, etc. Identify the type of treatment to be given, specific modalities, frequency, duration, expected completion date and anticipated outcomes.

In workers' compensation, claim managers have unique needs for work status information. These needs directly relate to the effort to manage return to work. To meet this need, chart notes also need to contain two additional elements, which can be designated by adding "**ER**" to the SOAP contents:

- ▶ **E** — Employment issues. Has the worker been released for or returned to work? When is release anticipated? Is the patient currently working, and if so, at what job?
- ▶ **R** — Restrictions to recovery. Describe the physical limitations, both temporary and permanent, that prevent return to work. What other limitations, including unrelated conditions, are preventing return to work? Can the worker perform modified work or different duties while recovering (including transitional, part-time, or graduated hours)? Is there a need for return-to-work assistance? (Use the Doctors Estimate of Physical Capacities form when appropriate.)

You may avoid unnecessary requests from vocational counselors and others by providing the information above *in every chart note*. If there has been no change in employment or restrictions since your patient's last visit, you should simply state this fact in your chart notes, since this information may be critical for the vocational counselor to evaluate and plan their interventions. This information is also critical to enable the claim manager to process your patient's time-loss compensation in a timely fashion. You may also prevent the need to write a letter or make a phone call by flagging an important entry on submitted chart notes that you want to be sure the claim manager does not miss. Simply writing "ATTENTION CLAIM MANAGER" in the margin will call attention to the entry.

Why do claim managers need the information? What will they do with it?

Claim managers are responsible for making adjudicative decisions on the claim. They use the clinical and work-status information that you send, in addition to information from the worker and employer, to make sure that the injured worker receives the benefits for which they are eligible. The claim manager will review the information you send and make a determination about the benefits that are due the injured worker. As soon as they are able to make that decision, they can authorize treatment or wage-replacement benefits.

What is the claim manager's role?

Claim managers are obligated to determine if all of the available information (medical, administrative and legal) supports the doctor's conclusion. Therefore, the documentation and reports submitted by the attending doctor are critical to proper adjudication.

All documentation must be fully considered to fulfill the department's responsibility to ensure quality, cost-effective care [WAC 296-20-024(5)]. Claim managers are not medical experts. Their expertise is in industrial insurance law. To best serve your patient and his or her employer, claim managers must make decisions as quickly as possible. Therefore, try to provide clear, detailed explanations of your reasons for reaching conclusions on causality, diagnosis, treatment and other issues, supported by objective medical findings.

As the major decision-maker on claim adjudication, the claim manager:

- ▶ Ensures the injured worker receives the medical and financial entitlements under the law.
- ▶ Authorizes treatments.
- ▶ Facilitates the effort to return an injured worker to the job and/or bring the claim to a successful resolution.

To make appropriate decisions, claim managers rely on facts received from attending doctors and from internally based advisors, such as physician, chiropractic and occupational nurse consultants and vocational consultants.

The claim manager also relies on non-medical information, such as information received from employers, investigators and others. Your cooperation with the claim manager is needed and much appreciated.

How can you best communicate with L&I?

Any information that deals with the adjudication of the claim needs to be sent in writing to L&I. Examples of typical written communication include the report of accident form, chart notes, progress reports, occupational disease work history form, time-loss notification forms and supplemental medical reports.

Reports and Documentation	
Report Type	Due
Initial report of injury	Within five days of first visit
Occupational Work History Form	Second visit for injured worker with occupational disease
Time-loss notification form	Every 30 days for the first six months
Office / Chart / Progress Reports	Every 30-60 days
Supplemental reports	Upon request
Consultation reports	At 120 days

It can sometimes be difficult to reach a claim manager by telephone. If you have claim or billing questions, you should call the Interactive Voice Response Message System (1-800-831-5227) or the Provider Hotline (1-800-848-0811) before attempting to reach the claim manager. You should always know the claim number and your L&I provider number before placing a call to L&I. Other avenues for obtaining information include asking to speak with an Office Assistant Senior in a claims unit or contacting your local L&I Service Location. Customer Service Specialists within the service location can access claim-specific information directly from the L&I information system. They are also able to send messages directly to the claim manager on your behalf.

Also, a wealth of detail about your patient's claim is available over the Internet. Using a secure system to protect confidential information, attending doctors and their staff can use the Workers' Compensation File Information system (WCFI) to learn if a claim has been accepted, if a diagnosis has been allowed, if a bill has been paid, and much more. More information can be obtained on the L&I web site: www.LNI.wa.gov/ClaimsInsurance/ClaimsAppeals/GetClaimInfo/default.asp or by calling an Enrollment Coordinator at 360-902-5999. This system can be much faster than making phone calls and generally offers much more detailed information.

What if I suspect fraud?

It is everyone's responsibility to make sure that the workers' compensation system is used appropriately. Potential problems include filing a claim when not actually injured on the job, collecting time-loss benefits while working; inappropriately continuing time-loss benefits; employers who encourage workers to not to file claims or direct their workers' care; or billing for services not provided. The department takes fraud seriously; violating laws can have significant consequences.

If you have any questions or concerns about any potential misuses of the workers' compensation system call the fraud hotline at **1-888-811-5974**, or visit the L&I web site: Fraud.LNI.wa.gov.

Troubleshooting Common Return-to-Work Problems

This chapter presents many of the more common problems with return to work along with a summary of strategies that may help resolve them. The table below first lists problems involving patients, then employers, then claims adjudication. A list of common misconceptions about return to work appears after this table.

RTW Problems with Patients

Problem	Try This
The worker indicates they don't want to go back to their job	Determine why. Fear of re-injury is different than not liking their job. Workplace accommodations that let the worker function within their capabilities prevent re-injury. If other factors exist, be sure to communicate them to the claim manager so assistance can be obtained quickly.
The workers has tried to do the work, but it hurt "too much"	Review and update job tasks, capabilities and restrictions. Communicating further with the employer may be of value. More detailed ergonomic or vocational evaluation may also be useful.
Worker wants to get a different/better job	Although a worker may choose to change jobs on their own, workers' compensation benefits do not provide for career advancement. Workers' compensation laws delineate the priorities involved in returning to work, emphasizing return to their job and employer at the time of injury.
Worker asks for "just a couple more days" off work	The worker is the best resource for information about their job and their ability to do it. The vast majority of workers are also being honest about their uncertainties about returning to work. Discuss options such as transitional, part-time or graduated hours or other modifications. It is important to ensure that your clinical findings and medical opinions are in line with the worker's perceptions. If they are not, it may be useful to review the basic requirements of workers' compensation with the patient and their responsibilities in getting back to work.
Worker misses scheduled follow-up appointments	Determine the reasons for missed appointments and be sure your patient understands that failure to follow through on care can lead to adjudication problems that could delay or stop their benefits.
Your office can't schedule a follow up appointment until two months later	Care of patients with occupational injuries often requires timely action. Work with your schedulers to make them aware of the urgency of treatment to reduce risk of disability. You may wish to consider referral to doctors who may be able to assist in timely care, particularly if a worker is off work.
The subjective and objective findings don't match	If careful reassessment of your medical findings and opinion support your certainty in them, you should document and communicate this to the claim manager. Specialist consultation may help sort out other clinical issues as well as other factors. Workers' compensation adjudication is based on objective medical findings and opinions. Inconsistencies that exist between subjective and objective information raise adjudicative flags and independent second opinions and/or loss of benefits may result.
Worker is non-compliant with their return-to-work release	Try to determine the reasons and consider appropriate review and revisions to job modifications. Talk with your patient and their employer, if necessary.

RTW Problems with Patients *(continued)*

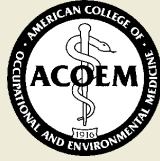
Problem	Try This
Worker doesn't agree with the RTW goal	The most successful return to work involves teamwork with the worker, doctor and employer. If reasonable return-to-work goals are unacceptable to the patient, there are usually other factors involved. It may be helpful to contact vocational services or ergonomics staff in L&I field offices.
You aren't seeing the expected clinical improvement	Stalled clinical progress is one of the first indicators that a worker may be at higher disability risk. It is important to determine what impediments to recovery exist as quickly as possible. Second opinion and specialist consultations do not require pre-authorization and may help determine what clinical barriers exist. Most needed diagnostic tests are easily obtained as well. Be sure to explore non-clinical barriers to recovery such as problems in the workplace, deconditioning or depression.
The worker says they will find a doctor who will help them (get what they want)	Workers have the right to choose their own doctors in Washington. There are many legitimate reasons for a patient to transfer doctors. Although being at odds with a patient is a very difficult situation, if a patient appears to simply be "shopping" for a doctor who will certify a benefit, this should be a flag that there may be additional non-clinical issues. Although the department will routinely authorize transfer of care, frequent requests for changes in providers may result in a denial of transfer. L&I has the right to provide all medical treatment reports to any new physician.

RTW Problems with Employers

Problem	Try This
Can't find the right person with the employer to assist in RTW	Contact the claim manager or customer service staff in L&I field offices to request assistance.
You or the employer are uncertain about what information can be shared	Workers' compensation law and policy authorize and encourage communication and teamwork in facilitating return to work. As a general rule, it's best to communicate specifically about the worker's functional capacities, return to work, and work issues related to the accepted occupational condition. You are required to release medical information about the work-related condition when requested by the worker, their representative or the employer, but employers should seek actual records through the department. Release of any information to an employer about sexually transmitted diseases requires specific written authorization from the patient. Ask the claim manager if you have any specific questions or concerns.
Employer fears re-injury (e.g. "We only want them back when they're 100 percent")	Concur with their concern and emphasize that progress has been made. Explain that working within a patient's physical capacities is critical; doing so will prevent re-injury or aggravation. It may be helpful to explain that it is often worse for a patient to remain off work because they can become de-conditioned. If symptoms recur upon return to work, the options to make additional modifications or extend time loss will still exist. Note that a flare-up of a condition during an open claim is not automatically considered as a new claim. If there is no possibility of transitional return to work, referral for specific work conditioning or hardening can also be made.
Employer does not have an understanding of the importance and value in modifying a worker's job or conveys an unwillingness to participate in RTW efforts.	Employers may be unaware of the value returning to work has for a worker's outcome and their workers' compensation premium costs. Risk management staff in L&I field offices can assist.

RTW Problems with Employers *(continued)*

Problem	Try This
The employer won't talk to you	It is highly unlikely that an employer would not be willing to discuss return-to-work issues with a worker's doctor. Should this occur, document this in your patient's chart and communicate it to the claim manager right away. Risk management staff in L&I field offices may be able to work directly with the employer.
The worker's job of injury is no longer available.	Workers' compensation law does not require an employer to keep the worker's job open, although this may be the preferred option. Report this as quickly as possible to the claim manager so a formal vocational assessment can be considered.
Employer fails to follow work restrictions	This should be documented in your patient's chart. It may be helpful to call the employer and discuss the importance of following restrictions. Notify the claim manager right away.
Worker fails to follow work restrictions	Workers should be encouraged to work within their capacity and strive to increase their effort as they recover. It is critical that a patient's work does not exceed their capacity. In addition to discussing this with the patient, it may be helpful to discuss with the employer as well.
Employer does not follow up on a formal written RTW offer	A follow-up call and a brief letter to check on the status of a written offer frequently resolve the issue. If problems are developing, risk management staff in L&I field offices may be able to assist. You may also contact the claim manager to request assistance from a vocational rehabilitation provider.
Worker fails to follow up on employer's formal written RTW offer	Inform the worker that you have released him/her for the work being offered, and that the worker's failure to follow through may result in loss or termination of benefits by the department.
Job description meets most, but not all restrictions, or the employer tries to negotiate reductions in appropriate work limitations or restrictions	The employer is required to accurately follow the job description you approve for the worker. If an employer proposes activities that exceed your patient's capacity, you should let the employer know and communicate the importance of following appropriate restrictions.
Employer indicates that workplace issues such as collective bargaining agreements or contract issues preclude transitional and light duty or other forms of job modification	Risk management staff from L&I field offices may be able to work with employers and unions to find workable solutions.
Employer expresses concerns about the cost of job modifications	Emphasize that low-tech low cost options usually will be adequate. Funds of up to \$5,000 also may be available for job modifications. A number of other resources for employers are available. (See Pages 35 for useful web sites about job modifications and accommodations.)
The worker's job is of a transient nature or with multiple employers (e.g., in construction)	The employer to whom the claim is assigned is usually in the best position to find modified or light-duty work for an injured transitional or seasonal worker. Contacting the claim manager about referring for a vocational assessment is another option.



AMERICAN COLLEGE OF
OCCUPATIONAL AND
ENVIRONMENTAL MEDICINE

Free CME Credits!

Dear Doctor:

The time you spend with the *Attending Doctor's Return-to-Work Desk Reference* can pay you dividends. This new handbook contains useful information to help you treat patients in the worker's compensation system and help them return to work as soon as possible.

It also includes a new feature to help you meet your continuing medical education requirements. A self-assessment test (see facing page) offers 3 hours of FREE category 1 CME!

This activity has been planned and implemented in accordance with the Essential Areas and Policies of the Accreditation Council for Continuing Medical Education (ACCME) through the Joint Sponsorship of the American College of Occupational and Environmental Medicine (ACOEM) and Washington State Department of Labor and Industries.

The American College of Occupational and Environmental Medicine is accredited by the ACCME to provide continuing medical education for physicians. ACOEM designates this educational activity for a maximum of 3 category 1 hours toward the AMA Physician's Recognition Award. Each physician should claim only those hours of credit he/she actually spent in the activity.

The estimated time for reading this handbook and completing the self-assessment test is three hours.

After reading these materials and taking the self-assessment test, you should be able to:

- ☐ Describe various types of job accommodations that can help your patient return to work.
- ☐ Describe resources available to health care providers, employers, and workers to address questions about return to work.
- ☐ Describe how doctors may bill for a number of return-to-work services and procedures.

To receive a transcript verifying the credit earned, the reader should first review the material contained in the monograph, and respond to the items contained in the self-assessment test. Mark your answers by filling in the circle next to the letter corresponding to your choice of the correct answer. The completed answer sheet and the program evaluation form should be folded and stapled so the pre-printed address of the department faces out.

Please mail completed test to:

Office of the Medical Director
Department of Labor and Industries
Hal Stockbridge, MD, MPH
P.O. Box 44321
Olympia, Washington 98504-4321

Credit will be awarded only to those persons who attain a score of 70% or higher on the self-assessment test.

Shade circles like this: ●

Not like this:



If the CME test is missing, write to the above address to request another copy.

How to remove the exam: Slowly and carefully pull the four-page exam from the staples on the inner margin of the following page.



RTW Problems with L&I Claims Adjudication

Problem	Try This
I need to obtain information about the claim and can't reach the claim manager by phone	Claim information is quickly available on the Easy Access Information Line. For claim acceptance, a bill's status, utilization review activity, or authorization status of procedures, diagnosis or drugs call 1-800-831-5227. Details about how to use the system are in the <i>Attending Doctor's Handbook</i> (F252-004-000).
I need to communicate or discuss something with a claim manager and am unable to reach them by phone	Connecting with busy people by phone can be frustrating. Whenever possible leave a specific, detailed message and ask them to leave a detailed response for you. Be sure to also submit information and requests in writing to ensure they are imaged appropriately into the claim system with the claim number marked on each page. If this cannot resolve the issue, ask to be contacted by the claims unit supervisor.
I need immediate claims assistance to address a return-to-work situation	An Office Assistant Senior in the claims unit can address many return-to-work issues. Customer service specialists in L&I field offices also can answer many questions and help locate appropriate staff to assist.
Who at the department can help with return-to-work issues?	Regional L&I Service Locations usually have staff who can assist in RTW matters. Occupational nurse consultants, vocational rehabilitation counselors, ergonomists, or risk management staff may be able to assist in a variety of situations.
I have received a form about return to work from the department or a vocational rehabilitation counselor that I do not understand	Most correspondence that is sent out has appropriate contact information for getting assistance. Staff in L&I field offices may be able to quickly assist you in finding the right person.
A claim I have submitted for an occupational disease has not yet been allowed. What's the hold up?	Occupational disease claims (such as carpal tunnel syndrome) may frequently be apportioned to multiple employers. Workers with such conditions are required to fill out a comprehensive work history form and failure to return this is a common source of delay. Check with your patient and make sure it has been returned. Delay may also occur because validity of the claim is uncertain or has been challenged. Review the report of accident you (or any previous doctor) filled out and check that work-relatedness is clear (e.g., injury or exposure matches the condition), and that probability of work-relatedness was indicated.
My patient has an underlying condition (such as depression) that is impeding their ability to return to work. They need treatment but this has not been authorized.	Conditions unrelated to the accepted industrial condition are not covered under L&I benefits. Treatment may be approved in some situations where the condition represents a demonstrable barrier to recovery. Psychological or psychiatric care in workers' compensation cases is subject to specific criteria. See Provider Bulletin PB03-03 for L&I guidelines for evaluation and treatment of injured workers with psychiatric conditions.
If more than one doctor is treating the patient, who is responsible for facilitating RTW?	The attending doctor is required by law to coordinate and communicate about return-to-work issues.
I have other non RTW-related questions	See the <i>Attending Doctor's Handbook</i> (F252-004-000) for general information or contact the department for assistance.

Common Misconceptions about Getting Your Patient Back to Work

“I don’t have time to call the employer”

Research shows that early focus on return to work, including making needed accommodations, improves the worker’s chances of achieving a better outcome. The time you spend communicating with an employer about return to work on an accepted workers’ compensation claim is billable.

“But my patient doesn’t want to go back to work yet”

If impediments to return-to-work exist, these should be identified and addressed early. The issue at hand is not what the worker might prefer to have happen, but an objective assessment of the worker’s ability to do specific tasks. Help your patient explore their hesitancy. Help them understand the positive effects of return to work, e.g., resuming full wages, preserving health insurance and retirement and staying on track career wise.

“They could get re-injured”

Research suggests that inactivity and deconditioning leads to worse long-term outcomes and higher disability. It is important that return to work is both appropriate and early. Attention to a patient’s capabilities, documentation of restrictions, and approval of written temporary or permanent job offers is critical.

“Employers won’t take them until they are fully recovered”

Some employers may not understand the importance to your patient’s recovery of staying linked to the workplace and remaining in optimal physical and mental condition. They may also be unaware of the potential impacts time loss has on their workers’ compensation premiums. While it is impossible for some employers to take a worker back, this desk reference reviews resources that exist to help you, your patient and their employer in returning someone to work.

“I don’t have time to go over work restrictions in depth in the course of an office visit”

In addition to being a best practice for obtaining the best outcomes for your patient, your time spent addressing return to work is an appropriate part of the care-planning component of your evaluation and management services. Complexity in care planning, including return-to-work issues, can be considered (and should be documented in chart notes) in the level of service billed. Chapter 7 provides additional information on reimbursement for services related to return to work.

“I don’t know how to read a job analysis/job description/job modification”

Job descriptions, modifications, offers and analyses indicate specific activities and tasks workers can perform. Chapter 6 includes an overview of how to review and approve these, as well as where to get additional information and assistance. If a doctor receives a packet of information requiring extensive time to sort out, the doctor may ask that the employer review their current needs and available tasks then resubmit only those for a medical opinion of work ability. Do not hesitate to call the employer to get clarification.

“I could be sued if something goes wrong”

Most injuries in the workplace can be prevented through appropriate work processes and practices. When returning an injured worker to work, it is important to be sure that both the worker and employer understand the worker’s physical capacities and work restrictions. If significant uncertainties exist, talk to the claim manager about bringing a vocational rehabilitation consultant into the case to work directly with the worker and employer.

“There is nothing to help patients who can’t return to work with their employer”

If it appears that a patient cannot or does not want to return to work, a vocational assessment may be helpful. You can request a vocational assessment from the department or self-insured employer. A vocational provider will require your assistance in determining a worker’s physical capacities and reviewing job analyses. Vocational assessments determine that a worker is eligible for assistance to become employable, able to work within their current skills and capacities, or has no usable work skills.

“No resources are available to patients terminated from time-loss benefits, but who have not returned to work”

Workers who have not returned to work at the time their workers’ compensation benefits end may be eligible for unemployment insurance benefit payments. Typically, these benefits are “frozen” at the time that the workers’ compensation claim is established, and can be accessed once the workers’ compensation claim is closed. You may wish to refer your patient to this resource, and others, including state social and health services agencies, and community-based social organizations that assist needy individuals and families.

Helpful Resources

See *Appendix A* for a list of additional L&I resources that can assist in RTW

Case-specific Help

The *Attending Doctor's Handbook* (F252-004-000) is your best resource for information about working with L&I claims and contacting many of the resources the department offers. A list of L&I RTW resources and contact phone numbers throughout the state can be found in Appendix A. Listings were current as the date of printing, but specific services and phone numbers can change. The most current list of phone numbers for L&I offices is located on the web at www.LNI.wa.gov. The **State Government** section of your local directory (under **“Labor and Industries, Dept of”**) includes local L&I service locations that may be able to assist you. You may also call the department's central office at 1-800-547-8367 for assistance.

How to...

There are several activities doctors commonly must do to facilitate early and appropriate return to work. A brief overview of what is involved and where to go for more information is presented below.

Determine physical capacities and work restrictions

Many specialists perform comprehensive physical capacity evaluations. Some basic elements for assessing capacities and making work restrictions include:

1. Ask the worker what specific activities their job entails. Assess how much, how long, how frequently they perform various activities. Typical activities to consider include sitting, standing, walking, strength-activities (lifting, carrying, pushing and pulling).
2. Review the job description provided by the employer.
3. Assess the patient's physical condition (through your history and examination) and the extent of its impact on the worker's ability to perform his or her job.
4. Make note of capacities (think “how much, how long, how frequently” they can perform various activities) and restrictions (limitations on any of the above).

For more information about determining physical capacities and work restrictions:

Visit the L&I Ergonomics Ideas Bank www.LNI.wa.gov/Safety/KeepSafe/ReduceHazards/ErgoBank/

Make job modifications

1. Ask the worker what they normally do throughout the day at work.
2. Discuss with them options for performing potentially problematic tasks. Ask them what they would fix or change about the job to make it easier to return to work.
3. Consider (at least initially) low-tech, low-cost options for returning. Examples might include:
 - ▶ Transitional, part-time, or graduated return to work (e.g., reduced hours, frequent break scheduling).
 - ▶ Simple rearrangement of workspaces or work processes (e.g., make activities at the computer and phone more symmetrical and incorporate proper postural techniques).

For more information about job modifications ...

- ▶ Suggest your patient contact the U.S. Department of Labor's free Job Accommodation Network, by phone at 1-800-526-7234 or on the web at <http://janweb.icdi.wvu.edu/>, to explore options for modifications to specific jobs.
- ▶ Read Provider Bulletin 99-11, *Job Modifications and Pre-job Modifications* (http://www.LNI.wa.gov/hsa/provbulletins/PbFiles/pb_99-11.pdf)

Review and approve/reject job offers (descriptions) and job analyses

1. Review the employer's valid written job offer or the job analysis for specific activities, tasks, durations, etc.
2. Clarify with the worker that the job description, analysis or offer reflects their job duties. If it does not, bring this to the employer's attention and seek to resolve any discrepancies.
3. Compare the offer or analysis with your assessment of your patient's physical capacities and work restrictions. If the offer/analysis and capacities/restrictions line up well, approve the offer by indicating so, signing it, and returning it to the employer. Be sure to inform your patient. (Your patient should have received a copy when you did.)
4. If the offer is not consistent with the worker's capacities and restrictions, talk to the employer and explore if further modifications can be made. Consider transitional, part-time, or graduated return-to-work as well. If this cannot be resolved, you may reject the offer. If this is the result, you may want to contact vocational services staff in an L&I field office to see if a consultation can be arranged with the employer.

Identifying additional resources when return to work does not occur

If it appears that a patient cannot or does not want to return to work, an independent assessment at the department's request may be the most helpful option. Talk with the claim manager about options such as an independent medical evaluation or vocational assessment to determine what the patient's status and return-to-work options may be.

Should a vocational provider become involved, they will typically require your assistance in determining the worker's physical capacities, and/or reviewing job analysis for potential occupations. Independent and vocational assessments may result in determinations about the worker's potential for any further improvement, their employability or eligibility for other benefits.

In some cases, a vocational assessment may determine that the worker is "able to work". This would usually be the result of an analysis that concludes that the worker can utilize past work skills for current employment, within current physical capacities. This determination will usually result in a termination of time-loss benefits. In other cases, a worker may be found to be eligible for a pension if a conclusion is made that a worker has no usable work skills, and is also not likely to benefit from further assistance, such as retraining.

Many workers who have not returned to work at the time their workers' compensation benefits end are eligible for unemployment insurance benefit payments. Typically, these benefits are "frozen" at the time that the workers' compensation claim is established, and can be accessed once the workers' compensation claim is closed. You may wish to refer your patient to this resource, and others, including state social and health services agencies, and community-based social organizations that assist needy individuals and families.

Washington State Employment Security Department: 1-800-362-4636
<http://www.wa.gov/esd/ui/icapp/start.htm>

Washington State Department of Social and Health Services: 1-800-737-0617
<http://www.dshs.wa.gov/basicneeds/>

General information

See **Appendix A** for RTW resource locations and phone numbers and a list of useful web sites.

L&I Publications

- ▶ Attending Doctor's Handbook (F252-004-000)
- ▶ Chiropractic Physician's Guide (F252-005-000)
- ▶ Worker's Guide to Industrial Insurance Benefits (F242-104-000)
- ▶ Getting Back to Work... It's Your Job and your Future (F200-001-000)
- ▶ Provider Bulletins and Provider Updates (www.LNI.wa.gov/ClaimsInsurance/Providers/)
- ▶ Employer's Return-to-Work Guide (F200-003-000)

Publications are available free of charge from the L&I Warehouse. Use the order form in the back of the *Attending Doctor's Handbook*, or send a written request with your name, provider number, shipping address, quantity desired, and publication name and form number to:

Department of Labor and Industries Warehouse
P.O. Box 44843
Olympia, WA 98504-4843

L&I Continuing Education Programs

L&I sponsors a number of continuing medical education programs around the state on workers' compensation. For more information call 360-902-6817. Some regular topics include:

- ▶ Reducing Your Practice Headaches
- ▶ Chiropractic Consultation Program
- ▶ Independent Medical Examination

Useful web sites

Information for Providers: www.LNI.wa.gov/ClaimsInsurance/Providers/

- ▶ Fee schedules, and payment authorization information
- ▶ Continuing education opportunities
- ▶ Provider bulletins
- ▶ Return-to-work assistance
- ▶ Improvement projects
- ▶ Vocational rehabilitation
- ▶ Health policy and research
- ▶ Technology assessments and coverage decisions
- ▶ Treatment guidelines

L&I Ergonomics Idea Bank, www.LNI.wa.gov/Safety/KeepSafe/ReduceHazards/ErgoBank/

- ▶ Searchable collection of ideas that may help you reduce exposure to awkward postures, high hand force, repetitive motions, lifting, vibration and other risk factors for work-related musculoskeletal disorders in your workplace.

US Department of Labor Job Accommodation Network, <http://janweb.icdi.wvu.edu/>

- ▶ free consulting service that provides information about job accommodations, the Americans with Disabilities Act (ADA), and the employability of people with disabilities

Getting Paid for RTW Focused Services

In addition to billing for standard office visits, treatments and reports, attending doctors may bill for several services and procedures that are specific to return to work. A list of more common ones follows. For more information about current billing codes, maximum allowable fees, payment policies and documentation requirements, go online to www.LNI.wa.gov/ClaimsInsurance/ProviderPay/FeeSchedules/ or order L&I's *Medical Aid Rules and Fee Schedule*, F245-094-034 (CD-ROM format).

Employer Consultations

Note: These CPT® codes may also be used for consultations with department staff, vocational rehabilitation counselors, nurse case managers, department medical consultants and/or interdisciplinary team of health professionals.*

99361 In person consultation 30 minutes

99362 In person consultation 60 minutes

99371 Brief phone call (<15 minutes)

99372 Intermediate phone call (15-30 minutes)

99373 Complex phone call (>30 minutes)

Review and Approval/Rejection of Job Offer (Description)

Note: Working with the worker and employer to develop and refine a job description is part of care planning and would be included in establishing complexity for the level of E/M service you bill. This code applies to the review and sign-off on the formal, written job offer the employer makes to the worker.

1038M – Limit of one per day

1028M – Each additional review

Review of Job Analysis

Note: Job analysis is a specific detailed report prepared by a vocational rehabilitation counselor at the department's request and is distinct from the straightforward job description provided by an employer.

1038M – Limit of one per day

1028M – Each additional review

Doctor's Estimate of Physical Capacity

1037M – Use for State Fund Claims only. Billable only upon request for this service by employer.

1048M – Billable only upon request for this service from the insurer or a vocational rehabilitation provider

Copies of Medical Records

S9982 – Billable upon request from the department, self-insured employer, or self-insured employer representative for materials not separately covered or included in documentation requirements.

Provider Mileage

1046M – Mileage, per mile, allowed when round trip exceeds 14 miles.

Detailed Occupational Disease/Work History

1055M – Billable only upon request of the insurer

*CPT codes, descriptions and other data only are copyright 2003 American Medical Association. All Rights Reserved. CPT is a trademark of the American Medical Association.



Appendixes

Appendix A

Return-to-Work Resources

- ▶ L&I Return-to-Work Resource Phone Numbers
- ▶ Useful Return-to-Work Publications and Web Sites

Appendix B

Sample Forms and Checklists

- ▶ Initial Visit Checklist – Points to Cover With an Injured Worker
- ▶ Work Status and Activity Form (Sample)
- ▶ Initial Employer Contact Checklist
- ▶ RTW Information Sheet for State Fund Employers
- ▶ Example of Full- and Part-time Job Descriptions from Employers
- ▶ Sample Job Description Form for Employers

Appendix B

Sample Letters

- ▶ Sample Job Offer Letter
- ▶ Sample Letter to Employer to Request a Modified Job Offer
- ▶ Sample Doctor's Request to Claim Manager for RTW Assistance

Acknowledgements:

St. Luke's Rehabilitation Institute, Spokane, Washington
Valley Medical Center, Renton, Washington
L&I Regional Service Locations
Return-to-Work Materials Team

Appendix A Regional Return-to-Work Resources

Counties Typically Served	Office	Customer Service Specialists	Vocational Services Consultants	Therapist Consultants	Occupational Nurse Consultants	Risk Management Specialists
Snohomish and Island Counties	Everett	425-290-1300	425-290-1383	425-290-1382	425-290-1331	425-290-1364
Skagit County	Mount Vernon	360-416-3000	360-416-3043	425-290-1382		360-647-7319
Whatcom and San Juan Counties	Bellingham	360-647-7300	360-647-7337	425-290-1382		360-647-7319
King County	Tukwila	206-835-1000	206-835-1032	206-835-1020	206-515-2812	206-515-2832
	Seattle	206-515-2800	206-515-2833	206-835-1020		206-515-2832
	Bellevue	425-990-1400		206-835-1020		425-990-1457
Pierce County	Tacoma	253-596-3947		253-596-3880	253-596-3904	253-596-3925
Kitsap County	Bremerton	360-415-4000	253-596-3878	253-596-3880		360-415-4011
Clallam and Jefferson Counties	Port Angeles	360-417-2700		253-596-3880		360-415-4011
Grays Harbor and Mason Counties	Aberdeen	360-533-8200	360-533-8217	360-902-6768		360-902-4842 Or 360-902-6762
Thurston, Lewis and Pacific Counties	Turnwater	360-902-5799	360-902-6780	360-902-6768		
Wahkiakum, Cowlitz, Skamania Counties	Longview	360-575-6900	360-575-6931	360-902-6768		360-896-2393
Clark, and Klickitat Counties	Vancouver	360-896-2320				
Okanogan County	Okanogan	509-826-7345				
Chelan and Douglas Counties Grant and Kittitas Counties	East Wenatchee	509-886-6500	509-764-6939	509-454-3874	509 454 3729	509-454-3779 Or 509-454-3785
	Moses Lake	509-764-6900				
	Yakima	509-454-3700	509-454-3780			
Franklin and Adams Counties	Kennewick	509-735-0100	509-454-3780			
Walla Walla and Columbia Counties	Walla Walla	509-527-4437	509-454-3780			
Lincoln and Spokane Counties	Spokane	509-324-2613		509-324-2550	509 324 2559	509 324 2546 Or 509 324 2623
Ferry, Stevens and Pend Oreille Counties	Colville	509-684-7417	509-324-2610 Or 509-324-2629			
Whitman, Garfield and Asotin Counties	Pullman	509-334-5296				

Appendix A

RTW Publications and Web Sites

L&I Publications

Use the order form in the back of the Attending Doctors Handbook, or send a written request with your name, provider number, shipping address, quantity desired and publication name and stock number to:

Department of Labor and Industries Warehouse

P.O. Box 44843

Olympia, WA 98504-4843

L&I Publications

- ▶ Attending Doctor's Handbook (F252-004-000)
- ▶ Chiropractic Physician's Guide (F252-005-000)
- ▶ Worker's Guide to Industrial Insurance Benefits (F242-104-000)
- ▶ Getting Back to Work... It's Your Job and your Future (F200-001-000)
- ▶ Provider Bulletins and Provider Updates (www.LNI.wa.gov/ClaimsInsurance/Providers/)
- ▶ Employer's Return-to-Work Guide (F200-203-000)
- ▶ Attending Doctor's Return-to-Work Desk Reference (F200-202-000)

Useful Web Sites

- ▶ *L&I Information for Providers*, www.LNI.wa.gov/ClaimsInsurance/Providers/
- ▶ *Provider Fee Schedule*, www.LNI.wa.gov/ClaimsInsurance/ProviderPay/FeeSchedules/
- ▶ *Renton Center for Occupational Health and Education (Valley Medical Center)*: <http://vmccohe.valleymed.org>
- ▶ *Spokane Center for Occupational Health and Education (St. Luke's Rehabilitation Institute)*: <http://www.spokanecohe.stlukesrehab.org/>
- ▶ *L&I Ergonomics Idea Bank*, www.LNI.wa.gov/Safety/KeepSafe/ReduceHazards/ErgoBank/
- ▶ *US Department of Labor Job Accommodation Network*, <http://janweb.icdi.wvu.edu/>
- ▶ *Washington State Employment Security Department*, <http://www.wa.gov/esd/ui/icapp/start.htm>
- ▶ *Washington State Department of Social and Health Services*: <http://www.dshs.wa.gov/basicneeds/>

Appendix B

Sample Forms and Checklists

Initial Visit Checklist

Points to Cover with an Injured Worker

Workers' Compensation and Return-to-Work Discussion Points

- ☐ Worker's rights and benefits when they file a claim – overview of claims process
- ☐ Differences between workers' compensation and regular health care coverage
- ☐ Importance of teamwork and communication with employer and third parties
- ☐ Importance of activity level, reactivation, return to work in recovery
- ☐ Expectations during recovery (e.g., discomfort or flare-up in returning to activity may be normal)
- ☐ Worker responsibilities (e.g., keeping appointments, following prescriptions and recommendations, effort in return to work)
- ☐ Clarify any misconceptions about job factors (e.g., modifications, time loss)
- ☐ Strategies for working within job restrictions
- ☐ Identify any potential barriers to recovery and strategies to overcome them (e.g., workplace factors, clinical factors, personal factors)

Work Status

- ☐ If time loss is anticipated, estimate date of return to work, communicate date to employer and claim manager
- ☐ Determine if return to work is unrestricted or restricted
- ☐ Document specific capabilities and limitations in patient's work status (e.g., postural, motion, lifting, medications (see example of work status on next page))

Patient Role

- ☐ Make sure patient asks any questions
- ☐ Ask patient to offer their insight and perspectives on recovery and return to work
- ☐ Expectation to work with employer

Work Status and Activity Form (Sample)

The form below is adapted from a form used by St. Luke's Center for Occupational Health and Education in Spokane. They use this form to document work status and routinely communicate simple physical capability and work restrictions to workers and employers. This form clearly illustrates key information such as what work limitations exist and how long they are expected to last. This form also provides a place for the patient to sign indicating that he or she understands the work restrictions and their responsibilities in returning to work.

Information about work restrictions can be documented on any number of forms or letters that serve this purpose. Some companies may have more specific or detailed physical capacity forms that they request you complete. You are able to charge an additional fee to complete the forms. (See Page 31.)

Work Status and Activity Form		Visit date: _____
General Info	Injured Employee's Name: _____	Date of Injury: _____
	Employee's Description of Injury/Accident: _____	Employer's Name: _____
	Employer's Fax or e-mail address: _____	Doctor's Name: _____
<div style="display: flex; justify-content: space-between;"> <div style="width: 30%; padding: 5px;"> General Info </div> <div style="width: 70%; padding: 5px;"> Claim Number: _____ Doctor's Fax/e-mail: _____ </div> </div>		
Work Status	The employee's medical condition from their occupationally related injury/exposure is expected to: <input type="checkbox"/> allow return to work on _____ (date) without restrictions. <input type="checkbox"/> allow return to work on _____ (date) with the restrictions identified below, which are expected to last through _____ (date). <input type="checkbox"/> prevent the employee from returning to work as of _____ (date) and is expected to continue through _____ (date). The following describes how this injury prevents the employee from returning to work: <div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div>	
	Description of work restrictions: _____	
Work Restrictions *	<div style="display: flex;"> <div style="width: 33%; padding: 5px;"> [A] POSTURE RESTRICTIONS (if any): <i>Max Hours per day: 0 2 4 6 8 other</i> Standing/walking <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Sitting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Kneel/squat <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Bend/stoop <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Pushing/pulling <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Twisting <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ </div> <div style="width: 33%; padding: 5px;"> [B] MOTION RESTRICTIONS (if any): <i>Max Hours per day: 0 2 4 6 8 other</i> Climbing stairs/ladders <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Grasp/squeeze <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Wrist flexion/extension <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Reaching <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Overhead reach <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Keyboarding <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ Other _____ <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ </div> <div style="width: 33%; padding: 5px;"> [C] LIFTING MAXIMUMS <input type="checkbox"/> Overhead <input type="checkbox"/> 20 - 30 lbs <input type="checkbox"/> < 5 lbs <input type="checkbox"/> 30 - 40 lbs <input type="checkbox"/> 5 - 10 lbs <input type="checkbox"/> 40 - 50 lbs <input type="checkbox"/> 10 - 20 lbs <input type="checkbox"/> > 50 lbs <input type="checkbox"/> Knuckle-shoulder <input type="checkbox"/> 20 - 30 lbs <input type="checkbox"/> < 5 lbs <input type="checkbox"/> 30 - 40 lbs <input type="checkbox"/> 5 - 10 lbs <input type="checkbox"/> 40 - 50 lbs <input type="checkbox"/> 10 - 20 lbs <input type="checkbox"/> > 50 lbs <input type="checkbox"/> Floor-knuckle <input type="checkbox"/> 20 - 30 lbs <input type="checkbox"/> < 5 lbs <input type="checkbox"/> 30 - 40 lbs <input type="checkbox"/> 5 - 10 lbs <input type="checkbox"/> 40 - 50 lbs <input type="checkbox"/> 10 - 20 lbs <input type="checkbox"/> > 50 lbs <input type="checkbox"/> NO LIFTING RESTRICTIONS <input type="checkbox"/> Not to perform any lifting/carrying <input type="checkbox"/> May do sedentary work (sitting) <input type="checkbox"/> Other _____ </div> </div>	
	<div style="display: flex;"> <div style="width: 33%; padding: 5px;"> [D] MEDICATION RESTRICTIONS (if any): <input type="checkbox"/> Must take prescription medication(s) <input type="checkbox"/> Advised to take over-the-counter meds <input type="checkbox"/> Medication may make drowsy (possible safety/driving issues) <input type="checkbox"/> Other: _____ </div> <div style="width: 33%; padding: 5px;"> [E] MISCELLANEOUS RESTRICTIONS: <input type="checkbox"/> Max work hours per day _____ <input type="checkbox"/> Sit/stretch breaks of ____ min per ____ hrs <input type="checkbox"/> Must wear splint/cast at work <input type="checkbox"/> Must use crutches at all times <input type="checkbox"/> No driving/operating heavy equip. <input type="checkbox"/> Can only drive automatic trans. </div> </div>	
	<p><small>* These restrictions are based on the doctor's best understanding of the employee's essential job functions. If a particular restriction does not apply, it should be disregarded. If modified duty that meets these restrictions is not available, the patient should be considered to be off work. NOTE - these restrictions should be followed outside of work as well as at work.</small></p>	
	Follow-up Info	<div style="display: flex;"> <div style="width: 50%; padding: 5px;"> [Fu] Next visit: 1 wk 2 wks Other _____ <input type="checkbox"/> None. This is the last scheduled visit for this problem. <input type="checkbox"/> Special studies: _____ <input type="checkbox"/> Referral to/Consult with: _____ <input type="checkbox"/> RETURN TO CLINIC: _____ <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Doctor's signature _____ Date _____ </div> </div> <div style="width: 50%; padding: 5px;"> [X] Instructions to Patient: It is your responsibility to review these restrictions with your employer. Failure to do so may delay your benefits. If your employer cannot accommodate your work restrictions, contact your medical provider by phone. I have received a copy of my Activity Prescription as described above. I understand and agree to the plan and have had my questions answered. <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Patient signature _____ Date _____ </div> </div> </div>

Initial Employer Contact Checklist

Ask the employer to provide you with specific information:

- ☐ Worker's exact job title and a copy of the physical requirements of the job of injury
- ☐ Confirm the best contact person at the employer for RTW
- ☐ Worker's work schedule
- ☐ Employer's description of accident

If modifications may be needed:

- ☐ Let the employer know that your first preference in getting the worker back to work would be low-tech, no or low-cost modifications to existing work sites and tasks.

What modified return-to-work options are available?

- ☐ Gradually increasing hours
- ☐ Gradually increasing tasks
- ☐ Light or modified duties
- ☐ Ask the employer for a written job-specific description of any return-to-work possibilities they may have for the employee and to be sure to share that with the employee.

Encourage teamwork:

- ☐ Importance of RTW to worker's health outcome
- ☐ Remind them that they need to make a formal offer to the worker for return to work
- ☐ Let the employer know about resources available to help them bring a patient back to work (e.g., LEP, job mod, ergo consults)

Ensure an understanding of who will do what next:

- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____

RTW Information Sheet for State Fund Employers

Impact of Time-loss on Workers and Premiums

When you provide a State Fund employer with return to work instructions or restrictions, it may be helpful to include a copy of this appendix to help illustrate the importance of bringing the worker back to work as quickly and safely as possible.

Why Return to Work is Good for an Employee

- ▶ Most injuries heal best when patients quickly return to normal activities, including work.
- ▶ Partial wage-replacement (time-loss) payments cost your worker money. They will never offset a full wage. For example, a worker earning the state average monthly wage of \$2,513 will lose \$497 per month while receiving time-loss payments!
- ▶ Other impacts of prolonged time off work, such as potential loss of health insurance and retirement plan contributions have an even greater economic cost for an employee.
- ▶ The impact on a worker's family, sense of self and mental state can be significant as well.

Why Return to Work is Good for a Company

- ▶ Time-loss claims typically increase workers' compensation experience ratings leading to higher premiums for both the employer and the employee.
- ▶ Keeping a worker on salary and/or making workplace accommodations usually costs less than a continuing time-loss claim.
- ▶ Time-loss claims also generate indirect costs in the form of productivity loss, training others to do the work, etc.

One Company's Experience

*Many things factor into premium costs including number of employees, types of jobs performed, and the number of claims. One especially important factor is the length of the time-loss claim. A small grocery store with 11 employees recently discovered this. In 2003 the store had a claim involving extensive time-loss that caused their experience factor to rise to 1.1262 in 2004 (compared to 0.9000 for 2003). This resulted in a net increase in annual workers' compensation premiums of approximately **\$2400**. Assuming this store operates on a 5 percent profit margin, the store would need to generate an additional **\$48,000** in sales annually, just to "break even" on the increase. Because the claim impacts rates for three years, the total sales needed to offset the increase could reach **\$144,000**.*

Every business's situation is different, but this store's experience illustrates that the decision to find accommodations and develop effective return-to-work strategies makes good economic sense in almost every case. For information about how time-loss claims impact your specific business, or for specific assistance with developing accommodations and return-to-work strategies, contact the Department of Labor and Industries. Phone numbers are listed in the government or white pages of your local telephone directory.

Where Can I Find Out More?

Call the Employer Services section of the Department of Labor and Industries at 360-902-4817 or visit the department's web site at www.lni.wa.gov.

Contact risk management services through a local L&I services location. Check listings in the **State Government** section of your local directory under **"Labor and Industries, Dept of."**

For information about making job accommodations visit these web sites:

- ▶ *L&I's Ergonomics Ideas Bank*, www.LNI.wa.gov/Safety/KeepSafe/ReduceHazards/ErgoBank/
- ▶ *U.S. Department of Labor Job Accommodation Network*, <http://janweb.icdi.wvu.edu/>

Examples of Full- and Part-time Job Description Letters from Employers

The examples on the next two pages illustrate possible job description letters from an employer for a full duty lumber stacker's job and a possible modified duty for a safety assistant in narrative format as opposed to a specific form. Many employers may keep job descriptions on file and can provide detailed narratives as seen in these examples. It is important to go over job descriptions with your patient and assure that all activities required in their job are reflected. Page 42 shows a sample job description form that can be used with employers as needed.

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
EMPLOYEE'S JOB TITLE
WORKER NAME

Mailing Date

Doctor's Name
Doctor's Address

Sample Lumber Stacker Job Description

Job Duties: Stand to side of conveyor belt and pull planed stock off line and place on carts. Band wood stacks and clean and straighten spacer sticks.

Tools and equipment: Four-wheeled carts, banding tool, steel straps, planed wood stock, brooms, gloves, hardhat and ear protection.

Frequency and duration of tasks: Conveyor belt unloading occurs four to six hours and banding woodstacks occurs up to two hours during an eight-hour shift.

Physical demands limited to the following:

1. Constant standing to pull planed stock off conveyor.
2. Frequent lifting and carrying stock weighing up to 25 lbs. up to 5 ft. from conveyor to place on to carts.
3. Occasional lifting and carrying stock weighing 25 lbs. to 100 lbs.
4. Some twisting and crouching may be necessary to perform these duties.
5. Frequent reaching in all directions to grasp and handle stock.
6. Occasional reaching, grasping, and lifting to band wood stacks.

No additional tasks will be required of the worker without approval of the attending doctor. Any reasonable accommodation can be considered.

Employer's Signature: _____ Date: _____

Work Release Date: _____

Physician Comments:

Physician's Signature: _____ Date: _____

(Physician's printed name appears here):

Seldom = up to 10%
Occasional = 10% to 30%
Frequent = 30% to 70%
Constant = over 70%

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
EMPLOYEE'S JOB TITLE
WORKER NAME

Mailing Date

Doctor's Name
Doctor's Address

Transitional/Modified Job for Safety Assistant

Job Duties: Inventory safety equipment, reorganize files in office, and review current job descriptions for accuracy.

Tools and equipment: Paper files, drawers and shelves, boxes, safety-tools and equipment, clipboard, paper, pen or pencil.

Frequency and duration of tasks: Worker can set task and speed level and has the flexibility to stand at a counter or sit at a desk to do paper work.

Physical demands limited to the following:

1. Frequent lifting safety equipment weighing up to 12 lbs. to inventory and organize equipment on 6 ft. high shelves.
2. Alternate sitting and standing as needed to reorganize files in office and label folders.
3. Frequent handling and grasping of safety equipment, files, clipboard, pen and paper to inventory, organize, and record information.
4. Occasional walking, climbing, bending and stooping to review job descriptions for accuracy.

No additional demands will be required of the worker without approval of the attending doctor. Any reasonable accommodation can be considered.

Employer's Signature: _____ Date: _____

Work Release Date: _____

Physician Comments:

Physician's Signature: _____ Date: _____
(Physician's printed name appears here):

Seldom = up to 10%
Occasional = 10% to 30%
Frequent = 30% to 70%
Constant = over 70%

Sample Job Description Form

There is no required format for employers to follow to document job descriptions, and many employers have their own forms. Key elements of a job description should include a summary of job duties, what kinds of tools or equipment are used, a description of the frequency, repetitiveness, and duration of tasks, and a description of physical demands. Ideally, an indication of possible accommodations should be provided. For more information on job descriptions and analyses, see Chapters 3 and 6. Another example can be found online: www.LNI.wa.gov/forms/pdf/28002af.pdf.

Sample Job Description Form

General Info	Injured Employee's Name:	Date of Injury:	Claim Number:
	Employee's Job Title:	Employer's Name:	Doctor's Name:
	Name of person completing description:		Doctor's Fax/e-mail:

Tasks	Describe tasks performed for job:
--------------	-----------------------------------

Tools	Describe tools and equipment used for job:
--------------	--

Physical Job Demands	Activity / Frequency:	<u>na</u>	<u>S</u>	<u>O</u>	<u>F</u>	<u>C</u>	Comments:
	Sitting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Driving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Standing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Walking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Lifting ()lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Carrying ()lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Push/Pull ()lbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Kneeling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Crawling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Climbing stairs/ladders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Grasp/squeeze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Wrist flexion/extension	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Reaching	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	Overhead reach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Accommodations	<input type="checkbox"/> Any reasonable accommodation can be considered. <input type="checkbox"/> Some accommodations may be possible. <input type="checkbox"/> I am uncertain if accommodations are possible. Assistance is needed. <input type="checkbox"/> No accommodations are possible.						KEY na: not applicable S: seldom (under 10% of shift) O: occasional (10-30% of shift) F: frequent (30-70% of shift) C: constant (over 70% of shift)

Doctor Approval	<input type="checkbox"/> Worker can perform the activities described here on a full-time basis. Return to work date: _____	
	<input type="checkbox"/> Worker can perform the activities described here on a part-time basis. Return to work date: _____	
	<input type="checkbox"/> Worker can perform the activities described here only with modifications/restrictions described on the attached sheet. Return to work with modifications date: _____	
Doctor's signature _____ Date _____		

Appendix C

Sample Letters

Sample Letter to Employer to Request a Modified Job Offer

A letter such as this may be helpful if an employer has not followed up in writing on providing a written job offer in situations where one is appropriate. This example includes the requirements in workers' compensation law regarding a written offer and may help the employer develop one. More information about working with employers can be found in Chapter 3. Information is available for employers in the Employers' Return-to-Work Guide and online at www.LNI.wa.gov/ClaimsInsurance.

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
WORKER NAME

Mailing Date

Employer Name, Address

RE:

Dear _____

I am caring for your employee _____ who has filed a workers' compensation claim for an injury that occurred on _____. In my experience, it is crucial for my patients' recovery that they return to normal activities, including work, as soon as possible. A transitional job allows the worker to return to work with the employer of record before permanent restrictions have been determined or the worker's condition has reached medical stability. A transitional job is also known as light-duty work.

As per our earlier communication, it is anticipated that Mr./Ms. _____ can return to a modified work on _____. As you may know, *RCW 51.32.090(4)*, requires that modified job offers be made in writing to the worker and be approved by his or her attending doctor. The required elements of a valid transitional job offer include:

- The attending doctor must receive a written statement describing the work the worker is expected to perform for the employer of injury; and
- The attending doctor must approve in writing that the worker is physically able to perform the work described; and
- The worker must be provided a copy of the written statement describing the work the worker is expected to perform for the employer of injury; and
- Any health and welfare benefits that the worker was receiving at the time of injury shall be continued or resumed at the same level he or she had at the time of injury.

I would appreciate receiving a copy of this offer to review at your earliest convenience. Please feel free to contact me if you have any questions or need to discuss any specific issues related to Mr./Ms. _____ job. Enclosed are copies of any relevant work restrictions and the initial report of injury.

Sincerely,

Author's Name & Title
Author's Phone Number

Sample Doctor Letter to Claim Manager for RTW Assistance

A letter such as this may be helpful to document the need for vocational assistance for your patient from a claim manager when an offer of accommodations is not made by the employer.

Author's Name
Author's Address

CLAIM NUMBER
INJURY DATE
WORKER NAME

Mailing Date

Claim Manager Name
Claim Manager, Unit XX
Labor and Industries
PO Box 44291
Olympia, WA 98504-4291

Dear Claim Manager:

I am treating Mr/Ms. _____ for an injury that occurred on _____ at (name of employer). Mr/Ms. _____ can return to modified work on _____ if his/her employer could develop a light duty job that allows restrictions on his activity. I have further noted the necessary restrictions in the attached chart records.

These restrictions will apply until his next appointment on _____. If he has shown the expected improvement at that time, I plan to reduce his restrictions. If he shows continued improvement, Mr. _____ should be able to return to his normal duties on _____.

I spoke with Mr. _____'s employer about developing a light duty job that will meet the necessary restrictions.

The restrictions include

- (list specific activity limitations);
- (list specific time limitations);
- (list other limitations).

The employer is unable to accommodate these restrictions at this time. In the absence of a transitional return to work, I feel that Mr. _____ could have a slower recovery from being off work for a longer period. I think Mr./Ms. _____ is a good candidate for assistance from a vocational specialist who may be able to facilitate a discussion with the employer to find a means for a return to modified work. As an alternative, a referral could be made for a work hardening program.

Thank you for your attention to this matter.

Sincerely,

Author's Name, Title
Author's Phone Number

In about a Minute or Less...

What can I do to help get my patient back to work?

See Chapter 7 for billing tips regarding RTW-focused services

With Your Patient

Give them the brochure...

Give your patient a copy of the brochure, *Getting Back to Work: It's Your Job and Your Future*. Show them the phone numbers they can call and encourage them to make the phone call within 24-48 hours to get the ball rolling.

Tell your patient about the Job Accommodation Network...

Encourage your patient to explore job modifications. Suggest they call 1-800-526-7234 for FREE expert advice from the Job Accommodation Network, a federally funded program based at the University of West Virginia. Let them know about other resources, too.

Ask your patient to have their employer call you...

This will accomplish two things: It will help your patient stay in communication with the employer (very important!), and will help you to connect with the employer to discuss light-duty options, physical restrictions and job modifications.

Talk with your patient about their goals...

Find out about their expectations and goals for recovery and make sure that they understand the importance of return-to-work as an outcome of care. Make a "Verbal Care Contract" to delineate patient goals, responsibilities and expectations.

Ask your patient to think about their career goals...

If your patient cannot return to their previous job, ask them to realistically and practically describe their career goals, what skills or training they may have in other areas, and what kinds of jobs they think they would do well.

Ask your patient what would make it easier to do their job...

Ergonomic changes need not be major capital investments. Many commonsense, low-tech solutions such as rearranging the workspace, refining processes or scheduling workload and breaks can go a long way to facilitate return to work and prevent future flare-ups.

Help your patient set realistic expectations...

Give them a copy of the brochure, *Workers' Guide to Industrial Insurance Benefits*. Let them know that being off work costs them money and the longer they are off, the harder it gets to go back.

With Their Employer

Talk with the employer...

If a patient needs to be off work, communicate right away with the employer about the expected duration and find out about their willingness and ability to make modifications if necessary. You can bill for this.

Ask the employer for a return-to-work plan...

If a worker needs to transition back into the workplace, ask the worker and employer to come up with written ideas to work within capacities and restrictions.

Talk to the employer about low tech, low-cost job modifications...

Most job modifications require very little cost. Simple process changes or using existing equipment usually work. The average cost of job modifications is under \$500. Employers may even qualify for assistance from L&I.

With L&I...

Ask for a Vocational Rehabilitation Consultant...

A claim manager or staff in L&I field offices can assist in identifying a vocational rehabilitation counselor to work directly with you, your patient and the employer to develop job modifications and return-to-work programs.

Flag a chart note....

In your chart notes, record information about return to work and write "ATTENTION CLAIM MANAGER" in large letters in a margin when there is something you want the claim manager to see. It can save writing a letter.

**Department of Labor and Industries
Office of the Medical Director
PO Box 44321
Olympia, WA 98504-4321**

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If you have special communication or accommodation needs, please contact the Department of Labor and Industries, Office of the Medical Director, at the above address.

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